



Bounce Back Program Intake/Application Form

Name (Full name): _____ SSN: _____ Date of Birth: ____/____/____

Mailing Address: _____ Street Address: _____

Lancaster Heath Springs Indian Land Van Wyck Kershaw Ft. Lawn

Home: _____ Cell: _____ Emergency: _____

Sex: _____ Race: White Black/African American Asian American Indian/Alaskan Native
 Native Hawaiian/Pacific Islander Hispanic/Latino Other: _____

Marital Status: Single Married (date) _____ Divorced (date) _____ Separated (date) _____

Widowed (date) _____

Source(s) of Household Income and Benefits (check all that apply) **Monthly Income:** _____ **HoH:** _____ **Family Total:** _____

- Public Assistance (TANF/FI) \$ _____ SSI \$ _____ SNAP (food stamps) \$ _____ Child Support \$ _____
- Veteran Administration Benefits \$ _____ Unemployment Insurance \$ _____ Social Security \$ _____
- Farm/Other Agricultural Work \$ _____ L&I/Worker's Compensation \$ _____ Employed Full Time \$ _____
- Employed Part Time \$ _____ Relative/Partner/Friend \$ _____ SSDI \$ _____ Labor Pool \$ _____
- None Retirement \$ _____ Other: _____ \$ _____

1. Are you currently seeking any of the above benefits? Yes No
2. If so what benefits are you seeking (List all)? _____
3. Are you currently employed? Yes No
 - If yes, where? _____
 - How long have you been employed there? _____
4. How much money do you spend on bills and necessities in an average month? _____
5. How long have you lived at your current address? _____
6. How many individuals live in your household? _____
 - How many of these individuals are your dependents? _____
7. Do you own your own home?
8. Do you rent/lease your home?
9. Do you pay a mortgage?

***List names and information for all those who reside in the home:**

Name	Relationship	Date of Birth	Occupation/School	Full SSN (if 18 or over)

10. Have you previously received any HOPE services? Yes No

11. Who referred you to the Bounce Back Program (if applicable): _____

12. What is your highest level of education? _____

13. Do you have any special training, certifications or degrees (List all)? _____

In the space provided below please list 3 **Long-Term goals** that you feel would better your overall financial situation:

- 1.
- 2.
- 3.

The following documents will be needed for our initial conference:

- Current pay stub (if working) or last pay stub from most recent job (if not working)
- Last gas, electric and water bill
- Cable/internet bill
- Loan information and documents on any outstanding loans
- Most recent credit card bills
- Insurance policies (auto, life, health and property insurance)
- Copy of last tax return (if filing)
- Any collection notices received
- Filled in expense worksheet ("when income decreases, but bills don't")
- Signed confidentiality/disclosure agreement