



HOPE in Lancaster, Inc.
Assistance, Resource & Referral Program
Confidential Application

Date: _____

Name: _____ Maiden Name: _____

SS Number: _____ DOB: _____

Veteran Yes No Male Female Other

Asian Black Hispanic White Other _____
Check all that apply

Education High School // GED College Some High School

Contact Information: Email address: _____

Phone: _____ Cell: _____ Emergency: _____

Mailing Address: _____ Street Address: _____

Lancaster Heath Springs Indian Land Van Wyck Kershaw Ft. Lawn
Circle One

How long at this address _____ Name of Elementary School Area you live in _____

Marital Status (include date of change):

Single Married Separated Divorced Widowed
date _____

Referred By:

Church Friend Family Website
 Other Agency _____ Other _____

Household (list all people living in your house-use reverse if necessary):

Household member Name	Relationship	DOB	Occupation or school student	Last 4 of social security #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



HOPE in Lancaster, Inc. Needs and Authorization Form

Name: _____

Date: _____

I need assistance with these utilities or services (please circle all that apply):

City Water	Duke Energy	Rent
County Water	Lynches River	Food
Heath Springs Water	York Electric	
Kershaw Water	Natural Gas	Other: _____

How did you get here today (circle which best applies)?

Walked Paid for a ride Rode with friend Borrowed a car Used my car

Authorization Form

Data contained in this communication is for use by authorized personnel and will not be disclosed to any person not authorized to receive this information in accordance with the Privacy Act of 1974.

I, the undersigned, hereby authorize representatives of HOPE in Lancaster, Inc. to give or receive any information that may be required to verify my financial or employment status. Also, I give permission to HOPE representatives to give required information to other agencies, if needed.

Furthermore, I certify the information given on this application to be true and correct to the best of my knowledge.

Printed Name _____ Signature _____

Signature of HOPE Representative _____

Internal Use Only

YES NO Social Security Card for client in file (legible)

YES NO Photo ID for client in file (legible and clear picture)

YES NO Proof of current address in file

Decision and Date: _____

Decision and Date: _____



Client Information Summary

Name: _____ Date: _____

PLEASE BE SURE TO ANSWER EACH QUESTION IN FULL

Present employer: _____ How long employed? _____

Former employer: _____ How long employed? _____

If you are not employed, why not? _____

_____ How long unemployed? _____

Spouse's present employer: _____ How long employed? _____

Other Adult in home (18 & over) employer: _____ How long employed? _____

If other spouse or other adults in home are not employed, why not?

_____ How long unemployed? _____

Describe the situation in the last 90 days that has caused you to seek short-term emergency assistance:

What kind of documentation can you provide? _____

How much can you pay toward the utility or rent amount that is due? _____

What social support connections do you have in the community (i.e. family, friends, or church)

Do any of your connections have an ability or motivation to help you with this crisis situation? Yes
No

Do you have any thoughts on how to adjust your budget to accommodate for this shortfall?

If HOPE can partner with you to resolve this temporary situation, what is your financial plan going forward? _____



2025 Client Survey

Client Name: _____ **CT #:** _____

Please take a moment to answer a few survey questions so that HOPE will know how better to serve you.

1. Do you own your own home? **Yes** **No**

2. What type of heat do you use to heat your home?
No heat **Space heaters** **Fireplace** **Central heat**

3. What type of cooling do you use to cool your home?
No Air **Window Fans** **Window A/C** **Central Air**

4. Do you have adequate transportation to be able to meet your necessities?
Yes **No**

5. Do you or someone you know need home health, palliative or hospice care?
Yes **No**
 - a. If so, would you like one of our partner agencies to contact you about your options?
Yes **No**

6. Are you disabled but able and willing to return to work if you had the proper accommodations?
Yes **No**

7. Do you need career training or a GED to be able to attain employment?
Yes **No**

8. Are you searching for work and need help building a resume?
Yes **No**

9. Would you like one-on-one budget counseling to help get back on your feet?
Yes **No**

10. Do you have high debts and need to consolidate your debt to make your monthly payments?
Yes **No**

11. Are you a Veteran or a spouse of a Veteran?

Yes No

Do you receive services from the VA?

Yes No

12. Do you feel like you have enough food in your house each month:

Yes No

13. If you are NOT receiving SNAP (food stamps) would you like to see if you qualify?

Yes No

14. What type of insurance do you have?

Insurance Medicaid Medicare

15. Do you need help with any of the following:

Vision Dental Hearing Aids Prescriptions

Are there any services that HOPE does not currently offer or services in the community that you fee will assist your family's needs?

Three horizontal lines for text input.

Comments or Suggestions

Three horizontal lines for text input.