



Application for Assistance

PLEASE PRINT

Name _____ Address _____

City _____ State _____ County _____ Zip _____ Phone _____

If you live on a rural route, give exact directions for reaching your home.

Applicants are requested to identify their ethnicity:

White ____ Black ____ Asian ____ Hispanic ____ Native American ____ Other: _____

Are you a U.S. Citizen: Yes ____ No ____

If no, do you have a work permit? Yes ____ No ____ Permit # _____

Marital Status: Single ____ Married ____ Widowed ____ Divorced ____ Separated ____

Are you receiving any veteran's benefits? Yes ____ No ____ VA Claim # _____

Do you receive any type of financial assistance? Yes ____ No ____ Explain _____

Total household income: \$ _____ (monthly)

Do you receive any of the following? SSI/SSDI _____ TANF _____ Food Stamps _____

Are you eligible for Medicaid? Yes ____ No ____ Number _____

Are you eligible for Medicare? Yes ____ No ____ Number _____

Do you have health insurance? Yes ____ No ____ Company _____ Policy # _____

Family Physician _____ Address _____

Primary Treating Physician _____ Address _____

List members of your household:

Name	Age	Relationship
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PLEASE FILL OUT OTHER SIDE

Please Circle: Do you **own** or **rent** the home? Do you **own** or **rent** the land?

Type of home (circle one) House Mobile Other: _____

Description of work to be done on your home:

PLEASE MAIL COMPLETED FORM TO:

Love At Work Missions

2800 Shamrock South

Tallahassee, FL 32309

www.loveatworkmissions.org