

NAME: _____ DATE OF BIRTH: _____ DATE: _____
(LAST - FIRST)

ADDRESS: _____ APT: _____ CITY: _____ CROSS STREET: _____

TELEPHONE: _____ BEST TIME TO CALL: _____ PARISH: _____ TELEPHONE: _____

FAMILY SIZE: _____ ADULTS: _____ GIRLS (AGES): _____ BOYS (AGES): _____ SPANISH SPEAKING: _____

HELP REQUESTED: _____

REASON/COMMENTS: _____

REFERRAL FROM: _____ AGENCY _____ TEL # _____

FINANCIAL INFO: EMPLOYED: YES NO

WHY NOT? _____

COMMENT _____

SOURCE OF INCOME: (1) _____ (2) _____ (3) _____

AMOUNT: (1) _____ (2) _____ (3) _____

RENTAL ASSISTANCE: Been to local core service provider (city of last address):

SOUTH COUNTY: Fair Oaks Community Ctr., 2600 Middlefield Rd., RWC 780-7500

CENTRAL COUNTY: Samaritan House, 401 N. Humboldt, San Mateo 347-3648

NORTH COUNTY: North Neighborhood Services, 600 Linden Ave., So. San Francisco . . 588-8822

DALY CITY: Daly City Community Center, 350 90th St., Daly City 991-8007

EAST PALO ALTO: Family Supp. Ctr. of Mid Penin., 1798 Bldg. B Bay Road, EPA 322-1821

COASTSIDE: Coastside Opportunity Ctr., 99 Ave. Alhambra, El Granada 726-9071

PACIFICA: Pacifica Resource Center, 1809 Palmetto Ave., Pacifica 738-7470

OTHER: _____

RENT: PER MO: _____ SECT. 8 HOUSING: _____ MORTGAGE: _____

LANDLORD: _____ TELEPHONE: _____

ADDRESS: _____

PG&E: Contact Local Salvation Army First: (No Section 8 Housing)

RWC 368-4643
(Redwood City & East Palo Alto)

SSF 266-4591
DC COMM CTR . . . 991-8004

SHUT OFF NOTICE _____ 48 HOUR _____ 15 DAY _____ MINIMUM DUE: _____

ACCT. # _____

PG&E PHONE #: 1-800-773-4345, push2, push 1

FINAL ACTION TAKEN: _____

NAME: _____
(LAST - FIRST)

LAST DATE ASSISTED: _____

RENT: _____ PG&E: _____ FOOD/FURN: _____

C/B DATE: _____ # OF REQ: _____

WAS CLIENT ASSISTED BY OTHER PROVIDER?

YES NO

WITH HOW MUCH: _____

WHY NOT? _____

CASEWORKER: _____

TAKEN BY: _____

HOME VISIT: _____

"Release of information: I hereby give permission to the Society of St. Vincent de Paul, San Mateo County, to contact other agencies or persons in order to obtain or share any information it feels would be helpful in understanding or assisting me with my problem; to coordinate services and for program evaluation. I certify that all the information I have provided true and accurate to the best of my knowledge."

SIGNED: _____

WITNESS: _____

DATE: _____



Consent

The undersigned has requested that the Society of St. Vincent de Paul provide assistance.

The undersigned has provided personal and confidential information to the personnel of the Society of St. Vincent de Paul in order to assist in providing the requested assistance.

The undersigned gives the Society of St. Vincent de Paul consent to discuss that information with other agencies and persons who are utilized in attempting to provide the requested assistance.

Dated _____

Signed _____