Building the Bridges
Community Services

Date: _____
Client #: _____
☐ New   ☐ Returning

APPLICATION FOR ASSISTANCE
Please Print

Full Name _____ Gender _____
　　　　　　　(First)　　　　　(Middle Initial)　　　　　　(Last)
Street Address_____ Apt. #_____ Apt. Name _____

City, State, Zip Code_____ County _____

Home Phone: (_____)_____ – _____ Wk Phone: (_____)_____ – _____ Cell Phone: (_____)_____ – _____

Date of Birth: _____ Age: _____ Race/Ethnicity: _____
　　　　　　mm-dd-yyyy
Marital Status_____ Level of Education _____ Referral Source _____ Church/Synagogue Affiliation: _____

Current Employer: _____ Occupation _____ Monthly Income _____

Are you at risk of being homeless?	☐ Yes ☐ No	
Have you ever received assistance from BTBCS in the past?	☐ Yes ☐ No If YES, when: _____	
Have you ever lived in a household that has receiving assistance from other agencies?	☐ Yes ☐ No	
Veteran ☐ Yes ☐ No Veteran's Dependent ☐ Yes ☐ No Veteran's Surviving Spouse	☐ Yes ☐ No	
Total Number of People in the Household _____		

List all children or others living in your household (==DO NOT INCLUDE YOURSELF==).

First Name	Last Name	Gender	Age	Date of Birth	Race	Grade	Name of school or employer	Relationship to Applicant

Reason for Current Need:
_____
_____
_____
_____
_____

Services Needed:
_____

The information provided is accurate and correct. I understand that any false information will delay my application process and may cause possible suspension of services. I give permission for Building the Bridges to discuss my case with other agencies, government entities, businesses, churches, and any others deemed necessary to verify application information or identify additional sources of assistance.

_____　　　　_____
Signature　　　　　　　　　　　　　　　　　　　　**Date**

OFFICE USE ONLY: Volunteer/Staff Name: _____ Date: _____ Copy of ID: ☐ Yes ☐ No Resources Provided: ☐ Yes ☐ No
Notes:
_____
_____
_____
_____