



Basic Needs Request Form

Family Status:
 Kinship Caregiver/Fictive Kin
 Foster Parent
 Family- DCYF Involvement
 Family- Non-DCYF Involvement

Please list all individuals living in your household:

First Name	Last Name	M/F	Age	Date of Birth	Who is the Head of Household?

Address: _____

City: _____ Zip Code: _____ Phone Number: _____

Email: _____ I would like to receive emails about special events

Ethnicity
(Please choose all that apply):

Caucasian
 Hispanic/Latino
 Black/African American
 Asian
 Native American
 Pacific Islander
 Other

Monthly Household Income
(Please circle one):

\$0-\$972
 \$973-\$1,310
 \$1,310-\$1,987
 \$1,988- \$2,326
 \$2,327- \$2,664
 \$2,665- \$3,002
 \$3,003- \$3,341
 \$3,342-\$3,679
 \$3,680-\$4,018
 \$4,019- 4,856
 \$4,857- above

Current Sources of Income:

Work
 Child Support
 Unemployment
 Alimony
 SSI/SSDI
 Other

What are your Family's current needs?
(Mark all that apply):

Food
 Rent/PUD Assistance
 Clothing
 Toiletries/Diapers
 Community Resources
 Life Skills
 Other

Major Current Expenses:

Rent/Mortgage: _____
 PUD: _____
 Water: _____
 Garbage: _____
 Car: _____
 Cable/Internet: _____
 Other: _____

Are You Current on All Payments?

Are there members of the household with a disability? Yes No

How did you hear about Hand in Hand?



Authorization

I, _____, give permission for a Hand in Hand staff member to contact and discuss details in a confidential manner regarding my housing/living situation if needed. This includes contact with landlords, apartment office staff, housing navigators, or other forms of housing specialists I am working with. I also give my permission for a Hand in Hand staff member to contact and attain information regarding other expenses I might be asking for assistance with, such as PUD or other utility expenses. Lastly, I give permission for a Hand in Hand staff member to contact and confidentially discuss details related to my job with current and/or past employers.

Initials _____ Date _____