

Intake Packets should include the following forms:

- Intake Application Policy
- Non Discrimination Policy
- Record Retention Policy
- Strong Families Fair Housing Policy
- Initial Strong Families Intake Form
- Strong Families Participant Agreement Form
- Release of Information – (ROI) Charity Tracker
- Photography Release Form
- Budget Form (not mandatory)
- MCCS – required documents



## United Way of Marion County

### Strong Families

1401 NE 2<sup>nd</sup> Street  
Ocala, Florida 34470  
Phone: 352-732-9696  
Fax: 352-732-9608

## INTAKE APPLICATION POLICY

Strong Families requires the following:

### Identification

- All applicants 18 years of age and older must provide identification to verify the identity of the applicant. Acceptable identification: government issued photo ID, military ID, passport. If no photo identification is available, the applicant must provide sufficient proof to verify identity.

### Application

- Incomplete or falsified applications will not be accepted for further processing.
- If the application meets all guidelines, Strong Families will accept the application and proceed to consider the applicant's qualifications for participation.

### Income Verification

- Once an application has been accepted, the applicant must provide an employment history and sufficient proof of current income, including but not limited to two recent pay stubs, a letter offering the applicant employment, bank statements, etc.

Following a review of the information provided above, Strong Families will notify the applicant whether the application was approved or denied. Availability of participation is based upon {first approved/greatest need basis}.

## NON-DISCRIMINATION POLICY

Strong Families will provide equal professional service to all, without regard to race, color, ancestry, national origin, religion, sex, marital status, familial status, handicap, or age. No qualified individual with disabilities will be excluded, solely on the basis of disability from participation in or the benefits of programs or activities administered by Strong Families. Strong Families will provide reasonable accommodations to all participants who need such accommodations to be able to enjoy the benefits of skill building sessions.





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1401 NE 2<sup>nd</sup> Street  
Ocala, Florida 34470  
Phone: 352-732-9696  
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### RECORD RETENTION POLICY

All records pertaining to this Agreement, including but not limited to financial, statistical property and programmatic records shall be retained for five (5) years from ending date of United Way's fiscal year (July 1 through June 30) in which this Agreement is paid in full, expired, or terminated. All records, however, that are subject to audit findings shall be retained for five (5) years in the manner prescribed above or until such audit findings have been resolved, whichever is later. Nothing herein shall be construed to allow destruction of records that may be required to be retained longer by the Statutes of the State of Florida.

### STRONG FAMILIES FAIR HOUSING POLICY

United Way's Strong Families Initiative, is committed to following the letter and spirit of the Federal Fair Housing law and The Florida Civil Rights Act of 1992 by respecting the diversity and differences within our customer base by providing equal professional service to all, without regard to race, color, ancestry, national origin, religion, sex, marital status, familial status, handicap, or age.

Strong Families reserves the right to approve or deny any application whereby the following criteria is not met.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date





## Strong Families Initiative Intake Form



Date: \_\_\_\_\_ Marital Status: ☐ Married ☐ Separated ☐ Divorced ☐ Never Married

1. First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

2. Spouse Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

3. Physical Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5. Cell #: \_\_\_\_\_ Spouse Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_

6. Email: \_\_\_\_\_ Spouse Email: \_\_\_\_\_

7. Date of Birth: (xx/xx/xxxx) \_\_\_\_\_ Spouse DOB: (xx/xx/xxxx) \_\_\_\_\_

8. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Spouse Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

9. Emergency Contact Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please check all that apply.

10. Race: ☐ Black/African-American ☐ Asian ☐ Native American ☐ Caucasian ☐ Other: \_\_\_\_\_

• Ethnicity ☐ Hispanic ☐ Non Hispanic

11. Spouse Race: ☐ Black/African-American ☐ Asian ☐ Native American ☐ Caucasian ☐ Other: \_\_\_\_\_

• Ethnicity ☐ Hispanic ☐ Non Hispanic

12. Are you and/or your spouse an immigrant? ☐ Yes (year moved to USA) \_\_\_\_\_ ☐ No

13. Your Gender Identity: ☐ Male ☐ Female

Spouse Gender Identity: ☐ Male ☐ Female

Living in household

14. # of Adults (including you 18+) \_\_\_\_\_ # of Dependents (17 or younger) \_\_\_\_\_

15. Household member(s) disabled? Yes \_\_\_\_\_ No \_\_\_\_\_ Number of disabled individuals: \_\_\_\_\_

16. Your Net Earnings \$ \_\_\_\_\_ circle one: Hourly Weekly Bi-Weekly Monthly FT \_\_\_\_\_ PT \_\_\_\_\_

17. Your Employer: \_\_\_\_\_ Your Occupation: \_\_\_\_\_

18. Spouse Net Earnings \$ \_\_\_\_\_ check one: Hourly Weekly Bi-Weekly Monthly FT \_\_\_\_\_ PT \_\_\_\_\_

19. Spouse Employer: \_\_\_\_\_ Spouse Occupation: \_\_\_\_\_

### 20. Additional Financial Support

Food Stamps: Yes \$ \_\_\_\_\_ N/A \_\_\_\_\_ WIC: Yes \_\_\_\_\_ or N/A \_\_\_\_\_

SSI/Disability – Yes \$ \_\_\_\_\_ N/A \_\_\_\_\_ Spouse SSI/Disability: Yes \$ \_\_\_\_\_ N/A \_\_\_\_\_

Are you/spouse a veteran?: Yes \_\_\_\_\_ or N/A \_\_\_\_\_ Total VA Benefits: Yes \$ \_\_\_\_\_ N/A \_\_\_\_\_

Medicaid/Medicare: Yes \_\_\_\_\_ or N/A \_\_\_\_\_ TANF: Yes \_\_\_\_\_ or N/A \_\_\_\_\_ Amount \$ \_\_\_\_\_

Child Support: Yes \$ \_\_\_\_\_ N/A \_\_\_\_\_

**21. Housing Status:** Homeless \_\_\_\_\_ Disabled \_\_\_\_\_ At risk of homelessness \_\_\_\_\_ N/A \_\_\_\_\_

**22. Do you receive Section 8?** Yes \_\_\_\_\_ Amount of Assistance \$ \_\_\_\_\_ N/A \_\_\_\_\_

**23. HUD Housing Recipient?** Yes \_\_\_\_\_ N/A \_\_\_\_\_

**24. Monthly Housing Payment:** \$ \_\_\_\_\_ for: Rent Mortgage

**25. You or Spouse Pregnant?** Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_ If yes, number of months: \_\_\_\_\_

**26. Primary Language Spoken in Home?** ☐ English ☐ Spanish ☐ Other: \_\_\_\_\_

**27. Level of Education** ☐ Less than High School ☐ High School ☐ Some College ☐ College Graduate

**28. Spouse Education** ☐ Less than High School ☐ High School ☐ Some College ☐ College Graduate

**29. Earned a Certificate or Trade?** Yes ☐ No ☐ If yes, list: \_\_\_\_\_

**30. Do you currently have: Checking Account?** Yes \_\_\_\_\_ No \_\_\_\_\_ **Savings Account?** Yes \_\_\_\_\_ No \_\_\_\_\_

**31. Check all that you and/or your spouse would like to accomplish or improve:**

☐ Housing ☐ Employment ☐ Education (GED or Higher) ☐ Reduce Debt ☐ Improve Credit Score

**32. List the goals you wish to accomplish within one year:**

\_\_\_\_\_  
\_\_\_\_\_

**33. How do you feel Strong Families will benefit you and your family?**

\_\_\_\_\_  
\_\_\_\_\_

**34. Do you or anyone in your family have any food allergies/life-threatening allergies? If yes, who and what allergy:**

\_\_\_\_\_  
\_\_\_\_\_

**35. Please list anyone you can rely on for support and what type of support:**

\_\_\_\_\_  
\_\_\_\_\_

**36. Transportation Status:** Bus \_\_\_\_\_ Car \_\_\_\_\_ or Other \_\_\_\_\_

**37. How did you hear about the Strong Families Initiative?**

\_\_\_\_\_

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Spouse Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Staff Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**UNITED WAY OF MARION COUNTY (UWMC)**  
**STRONG FAMILIES INITIATIVE (SFI)**  
**PARTICIPATION AGREEMENT**

This Strong Families Initiative (Hereinafter SFI) Participation Agreement (Hereinafter AGREEMENT) is entered into this \_\_\_\_ day of \_\_\_\_, 20\_\_\_\_, between United Way of Marion County, (Hereinafter UWMC), and the following individual or individuals. (Hereinafter PARTICIPANT(S))

\_\_\_\_\_  
**Name of Participant (*Print*)**

\_\_\_\_\_  
**Name of Participant/Spouse (*Print*)**

The term of this AGREEMENT shall be for one (1) year beginning on the aforementioned “entered into” date. However, this AGREEMENT may be terminated before the one-year period is fulfilled at the sole discretion of UWMC for the reasons specified elsewhere in this AGREEMENT.

Modifications to this AGREEMENT shall be in written form and signed by PARTICIPANT(S), the VP of Community Impact and Strong Families Initiative Manager.

The primary purpose of this AGREEMENT is to:

1. Set forth the general and specific provisions concerning participation in the SFI by PARTICIPANT(S).
2. Specify the conditions by which UWMC will provide SUCCESS COACH and assistance in finding and linking other community resources for PARTICIPANT(S).
3. Specify the responsibilities of PARTICIPANT(S) in participating in the SFI.
4. List the reasons by which PARTICIPANT(S) can be terminated from the SFI.

To participate in the SFI, PARTICIPANT(S) agrees/agree to the following responsibilities and/or conditions:

1. PARTICIPANT(S), in consultation with, and approval by Strong Families Success Coach, shall develop an Individual Progress Plan (Hereinafter PLAN) which shall include, at a minimum, the setting of goals, objectives, and target completion dates. The PLAN, or any other documentation herein mentioned, does not modify this AGREEMENT.
2. PARTICIPANT(S) shall obtain and provide any pertinent information or documents requested by SUCCESS COACH in order to develop the aforementioned PLAN and verify eligibility for the SFI and shall provide any additional information in an expeditious manner that is requested by SUCCESS COACH at any time during the term of this AGREEMENT.

3. PARTICIPANT(S) shall, as a condition of participating in the SFI, commit to accomplishing the established PLAN goals, objectives, and target completion dates through, at a minimum, participation in seminars, workshops, training sessions, counseling sessions, SUCCESS COACH activities, and other events and activities specified by SUCCESS COACH.
4. Due to circumstances changing regarding satisfactory progress being achieved in meeting PLAN goals, objectives, and target completion dates, PARTICIPANT(S) shall consent to any modification made to the PLAN by SUCCESS COACH in order to provide the greatest opportunity for success in PARTICIPANT(S) in meeting PLAN goals, objectives, and target completion dates
5. PARTICIPANT(S) shall, at a minimum, meet in person with SUCCESS COACH bi-weekly to:
  - (a) Evaluate the status of PARTICIPANT(S) related to making progress in accomplishing established goals, objectives, and target completion dates,
  - (b) Modify the PLAN as determined necessary by PARTICIPANT(S) and/or SUCCESS COACH, and (c) determine participation needed in formalized evaluations, assessments, and other functions deemed appropriate by SUCCESS COACH to assist PARTICIPANT(S) in attaining greater financial stability in their lives in the most expeditious manner feasible.
6. PARTICIPANT(S) shall attend all skill building sessions and meetings scheduled with SUCCESS COACH.
7. PARTICIPANT(S) shall notify SUCCESS COACH at least twenty-four (24) hours in advance of PARTICIPANT(S) not being able to attend a skill building session, scheduled meeting, workshop, seminar, or other event.
8. PARTICIPANT(S) shall notify SUCCESS COACH of changes in PARTICIPANT(S) income, household size, address, telephone number, other contact information, and/or other pertinent information.
9. PARTICIPANT(S) shall allow UWMC, in fulfilling its reporting requirements levied by any act, statute, law, regulation, rule, or professional conduct requirement, to share any data or information provided to UWMC by PARTICIPANT(S) with other agencies, organizations, funding entities, and/or local, state, and federal agencies.
10. PARTICIPANT(S) may withdraw from the SFI by providing written notice to SUCCESS COACH specifying the reason(s) for withdrawal. A letter of withdrawal from the SFI shall be maintained on file and shall be taken into consideration if PARTICIPANT(S) applies for the SFI at a future date. Failure to submit a withdrawal letter may also adversely affect the acceptance in the future of PARTICIPANT(S) into the SFI.

Although the following reasons for termination from the SFI are not intended to be all inclusive, PARTICIPANT(S) may be terminated from the SFI for the following reasons:

1. Providing false, erroneous, and/or misleading documents or information to UWMC.

2. Failing to meet with SUCCESS COACH bi-weekly or failing to attend any other scheduled meetings with SUCCESS COACH or canceling or rescheduling more than two (2) meetings with SUCCESS COACH within the one-year period.
3. Engaging in illegal activities or other questionable conduct which SUCCESS COACH deems not in keeping with the best interests of the SFI.
4. Relocating out of Marion County, FL.
5. Breaching any of the terms of this AGREEMENT and/or not meeting the guidelines specified in the PLAN.

In addition to the aforementioned reasons for termination of PARTICIPANT(S), this AGREEMENT may be terminated by UWMC due to a reduction or termination of funding.

If any term or provision contained in this AGREEMENT proves to be invalid or unenforceable, the remaining terms and/or provisions of this AGREEMENT shall not be affected by such action and shall be valid and enforceable to the fullest extent permitted by law.

This AGREEMENT represents the entire agreement between PARTICIPANT(S) and UWMC and supersedes any prior agreement, promise, commitment, and/or contract that may have been made by any UWMC representative either orally or in written form.

IN WITNESS WHEREOF, PARTICIPANT(S) and UWMC representatives have affixed their signatures on the date indicated at the beginning of this AGREEMENT.

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**Participant (Signature)**

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**Participant/Spouse (Signature)**

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**Strong Families Initiative Director (Signature)**

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**VP of Community Impact (Signature)**

*Form Modified: November 20, 2018*





**United Way of Marion County**  
**Strong Families Initiative**  
*Shared Case Management Software - CharityTracker*  
**RELEASE OF INFORMATION (ROI)**

Client's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Physical Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_  
MM / DD / YYYY XXX - XX - XXXX

Phone Number \_\_\_\_\_

The United Way Of Marion County Strong Families Initiative Assistance Network, *hereinafter referred to as "CharityTracker"*, is a shared, computerized record keeping system that captures information about people experiencing need for emergency services, including but not limited to assistance with utility bills, medications, rent/mortgage payments, etc. **United Way Of Marion County Strong Families Initiative** (Adminstrating Agency) administers CharityTracker on behalf of participating agencies of the CharityTracker Assistance Network, including United Way Of Marion County Strong Families Initiative (Participating Agency).

I understand that all information gathered about me is personal and private and that I do not have to participate in CharityTracker. I have had an opportunity to ask questions about CharityTracker and to review the basic identifying information, which is authom.ed by this release for the CharityTracker Assistance Network Participating Agencies to share. I also understand that information about non-confidential services provided to me by CharityTracker participating agencies may be shared with other CharityTracker Participating Agencies. This Release of Information will remain in effect for 5 years from the date noted under my signature at the bottom of this page unless I make a formal request to this Organization that I no longer wish to participate in CharityTracker.

| <u>Dependent's Name</u> | <u>Relationship</u> | <u>Date of Birth</u> | <u>Race</u> |
|-------------------------|---------------------|----------------------|-------------|
| _____                   | _____               | _____                | _____       |
| _____                   | _____               | _____                | _____       |
| _____                   | _____               | _____                | _____       |
| _____                   | _____               | _____                | _____       |
| _____                   | _____               | _____                | _____       |

I authorize United Way Of Marion County Strong Families Initiative, as a CharityTracker Participating Agency, to share my basic, identifying and non-confidential service transactions/information with other CharityTracker / HMIS / Marion County Homeless Council and Participating Agencies. I authorize the use of a copy of this original to serve as an original for the purposes stated above. I further authorize United Way Of Marion County Strong Families Initiative (Participating Agency), as a CharityTracker Participating Agency, to share my dependent's basic, identifying and non-confidential service transactions/information with other CharityTracker participating agencies. Upon request, I will be provided a copy of the Full Privacy Notice, which outlines my rights as a consumer of services.

X  
Client and/or Parent-Legal Guardian's  
Authorizing Signature

X  
Pebbles Vance  
Agency Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

*The original of this Release of Information shall be kept on file with the Agency for a minimum of five years from the signing date.*

## Photography Release Form

This letter confirms the agreement between you and the United Way of Marion County regarding your participation in any approved activities in which you may be photographed or videotaped (the Property) from time to time.

For valuable consideration received, you hereby irrevocably grant the United Way of Marion County to perpetually, exclusively, and for all media throughout the world (including print, non-theatrical, home video, CD-ROM, internet and any other electronic medium presently in existence or invented in the future), the right to use and incorporate (alone or together with other materials), in whole or in part, photographs or video footage taken of you, spouse and/or dependents, as a result of your participation in approved activities of the United Way of Marion County.

You hereby agree that you will not bring or consent to others bringing claim or action against the United Way of Marion County on the grounds that anything contained in the Property, or in the advertising and publicity used in connection herewith, is defamatory, reflects adversely on your household, violates any other right whatsoever, including, without limitation, rights of privacy and publicity.

You hereby release the United Way of Marion County, its directors, officers, successors and assigns from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that you may hereafter have against the United Way of Marion County in connection with the Property.

This agreement shall not obligate the United Way of Marion County to use the Property or to use any of the rights granted hereunder, or to prepare, produce, exhibit, distribute or exploit the Property. The United Way of Marion County shall have the right to assign its rights hereunder, without your consent, in whole or in part, to any person, firm or corporation.

AGREED TO AND ACCEPTED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Signature of Parent or Guardian Witness

\_\_\_\_\_  
Print name of Participant:

Telephone Number: \_\_\_\_\_

**United Way  
of Marion County**



## Self Certification Form

Participant Name: \_\_\_\_\_

Participant Address: \_\_\_\_\_

Please check which applies:

\_\_\_\_\_ **Presumed Benefit** (Abused Children, Battered Spouses, Elderly Persons(62 years old and older), Homeless Persons, Illiterate Adults, Persons Living with Aids, Migrant Farm Workers, Severely Disabled Adults)

Please make sure that you retain documentation that will prove that presumed benefit category.

**Circle the income bracket below that pertains to participants family size.**

| Family Size | 30%            | 50%                 | 80%                 |
|-------------|----------------|---------------------|---------------------|
| 1 Person    | \$0 - \$12,140 | \$12,141- \$18,700  | \$18,701- \$29,900  |
| 2 Person    | \$0 - \$16,460 | \$16,461- \$21,400  | \$21,401 - \$34,200 |
| 3 Person    | \$0 - \$20,780 | \$20,781 - \$24,050 | \$24,051 - \$38,450 |
| 4 Person    | \$0 - \$25,100 | \$25,101- \$26,700  | \$26,701 - \$42,700 |
| 5 Person    | \$0 - \$28,850 | \$0 - \$28,850      | \$28,851 - \$46,150 |
| 6 Person    | \$0 - \$31,000 | \$0 - \$31,000      | \$31,001 - \$49,550 |
| 7 Person    | \$0 - \$33,150 | \$0 - \$33,150      | \$33,151 - \$52,950 |
| 8 Person    | \$0 - \$35,250 | \$0 - \$35,250      | \$35,251 - \$56,400 |

**Check all that apply:**

White\_\_\_\_\_ Black/African American \_\_\_\_\_ Asian\_\_\_\_\_ American Indian/Alaskan Native\_\_\_\_\_ Native Hawaiian/Other Pacific Islander\_\_\_\_\_ American Indian/Alaskan Native & White\_\_\_\_\_ Asian & White\_\_\_\_\_ Black/African American & White\_\_\_\_\_ American Indian/Alaskan Native & Black/African American \_\_\_\_\_ Other Multi-Racial\_\_\_\_\_

**Check all that apply:**

Hispanic\_\_\_\_\_ Non-Hispanic\_\_\_\_\_ Female head of household\_\_\_\_\_

**I understand that Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. I also understand that Self-certifications may be subject to further verification and all sources of income and assets must be included when determining income.**

\_\_\_\_\_  
Applicant/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Legal Guardian

\_\_\_\_\_  
Date

USE OF SOCIAL SECURITY NUMBERS  
FOR SERVICES PROVIDED BY STRONG FAMILIES INITIATIVES

- 1. The use of your social security number is for identification purposes only. Per Florida Statute: **Chapter 119.071 subsections (5) (a) 2.a.b. Fla Stat. 2.**
- 2. Providing your social security number is voluntary, however refusal to do so may result in a denied application.
- 3. By signing below you are acknowledging your agreement to produce your social security number.

|                          |                        |                              |      |
|--------------------------|------------------------|------------------------------|------|
| Applicant Print Name     | Social Security Number | Signature                    | Date |
| Co-Applicant Print Name  | Social Security Number | Signature                    | Date |
| Household Member Over 18 | Social Security Number | Signature                    | Date |
| Household Member Over 18 | Social Security Number | Signature                    | Date |
| Minor Household Member   | Social Security Number | Parent/Guardian<br>Signature | Date |
| Minor Household Member   | Social Security Number | Parent/Guardian<br>Signature | Date |
| Minor Household Member   | Social Security Number | Parent/Guardian<br>Signature | Date |
| Minor Household Member   | Social Security Number | Parent/Guardian<br>Signature | Date |

# Strong Families HOUSEHOLD BUDGET

Client: \_\_\_\_\_

Date: \_\_\_\_\_

| Due Date | Expenses                    | Monthly Amount | Balance | Interest Rate | Due Date | Expenses                                  | Monthly Amount | Balance |
|----------|-----------------------------|----------------|---------|---------------|----------|---|----------------|---------|
|          | <b>RENT/MORTGAGE</b>        |                |         |               |          | <b>PERSONAL EXPENSES</b>                  |                |         |
|          | Rent/Mortgage               |                |         |               |          | Laundry/Dry Cleaning                      |                |         |
|          | Insurance                   |                |         |               |          | Tobacco Products                          |                |         |
|          | Taxes                       |                |         |               |          | Gifts (B-day & Holiday)                   |                |         |
|          | <b>HOME UTILITIES</b>       |                |         |               |          | Health Insurance                          |                |         |
|          | Electric                    |                |         |               |          | Dental Insurance                          |                |         |
|          | Water /Sewer                |                |         |               |          | Prescriptions/RX                          |                |         |
|          | Gas                         |                |         |               |          | Life Insurance                            |                |         |
|          | Cable                       |                |         |               |          | Medical Bills                             |                |         |
|          | Internet                    |                |         |               |          | <b>PERSONAL EXPENSES</b>                  |                |         |
|          | Cell Phone                  |                |         |               |          | Clothing (Avg \$50 PP)                    |                |         |
|          | Home Phone                  |                |         |               |          | Lotto                                     |                |         |
|          | <b>CREDIT CARDS / LOANS</b> |                |         |               |          | Cash Advance                              |                |         |
|          | Credit Card 1               |                |         |               |          | Charities                                 |                |         |
|          | Credit Card 2               |                |         |               |          | Offering                                  |                |         |
|          | Student Loans               |                |         |               |          | Legal fees                                |                |         |
|          | Personal Loans              |                |         |               |          | Allowance                                 |                |         |
|          | <b>AUTO EXPENSES</b>        |                |         |               |          | <b>FOOD &amp; SUPPLIES</b>                |                |         |
|          | Car 1                       |                |         |               |          | Grocery                                   |                |         |
|          | Car 2                       |                |         |               |          | Cleaning supplies                         |                |         |
|          | Bus Fare                    |                |         |               |          | Toiletries                                |                |         |
|          | Auto Insurance              |                |         |               |          | Beer/Liquor/Wine                          |                |         |
|          | Gas                         |                |         |               |          | <b>ASSETS (Tangible &amp; Intangible)</b> |                |         |
|          | Oil Changes                 |                |         |               |          | Emergency Funds                           |                |         |
|          | Car Maint/Repairs           |                |         |               |          | Savings                                   |                |         |
|          |                             |                |         |               |          | Checking                                  |                |         |
|          |                             |                |         |               |          | <b>Total Monthly expenses</b>             |                |         |
|          | <b>CHILDREN EXPENSES</b>    |                |         |               |          | <b>EMPLOYMENT INCOME:</b>                 |                |         |
|          | Child support               |                |         |               |          |   |                |         |
|          | Daycare                     |                |         |               |          |   |                |         |
|          | Tuition                     |                |         |               |          |   |                |         |
|          | School Supplies             |                |         |               |          |   |                |         |
|          | Lunches                     |                |         |               |          |   |                |         |
|          | Clothing                    |                |         |               |          |   |                |         |
|          | Allowance                   |                |         |               |          |   |                |         |
|          | Exr. Curric. Activities     |                |         |               |          |   |                |         |
|          | <b>LUXURIES</b>             |                |         |               |          | <b>Current Total Net Income</b>           |                |         |
|          | Cosmetics                   |                |         |               |          |   | (Monthly)      |         |
|          | Hair/Nail                   |                |         |               |          | Types: Food Stamps                        |                |         |
|          | Books & Magazines           |                |         |               |          | Types: SSI - SSID                         |                |         |
|          | DVD/Video Games Rental      |                |         |               |          | Types: Child Support                      |                |         |
|          | Animal Care/Pet Food        |                |         |               |          | Types: WIC                                |                |         |
|          | Travel/Vacation             |                |         |               |          | Types: Medicare/caide                     |                |         |
|          | Dining out /Fast Food       |                |         |               |          | Types: VA Disability                      |                |         |
|          |                             |                |         |               |          | Types: Part-Time Job                      |                |         |
|          |                             |                |         |               |          | <b>Total Income</b>                       |                |         |
|          |                             |                |         |               |          | <b>Money Left Over</b>                    |                |         |

Comment:

Signature: \_\_\_\_\_

DATE: \_\_\_\_\_

**STRONG FAMILIES NEW APPLICANT CHECKLIST:**

**NAME:** \_\_\_\_\_

- \_\_\_\_\_ **APPLICATION (Original Strong Families Application Documents)**
- \_\_\_\_\_ **DRIVER'S LICENSE OR STATE ID CARD**
- \_\_\_\_\_ **SOCIAL SECURITY CARD(S) (FOR ALL HOUSEHOLD MEMBERS)**
- \_\_\_\_\_ **SOCIAL SECURITY NUMBER CONSENT FORM**
- \_\_\_\_\_ **30 DAYS WORTH OF CONSECUTIVE PAYSTUBS \*GROSS INCOME (BEFORE TAXES)**
- \_\_\_\_\_ **60 DAYS WORTH OF CONSECUTIVE BANK STATEMENTS (ALL PAGES)**
- \_\_\_\_\_ **EXECUTED SELF CERTIFICATION FORM**