**The Samaritan Group**

**PO Box 784, White Marsh, VA 23183 Phone: 804-693-3600**

**Email:** **samaritangroupva@gmail.com**

SAMARITAN RECEIVED DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_ (APPROVE/DENIED) HMIS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First name: \_\_\_\_\_\_\_\_\_\_\_\_\_ Middle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSN#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Male/Female Transgender male/female \_\_\_ Client doesn’t know \_\_\_ Client Refused\_\_\_\_

Primary Race: American Indian or Alaska Native/ Asian/Black or African American/White/Client doesn’t know/Client refused

Secondary Race: American Indian or Alaska Native/Asian/Black or African American/White/Native Hawaiian or other Pacific Islander/Client doesn’t know/Client Refused

Ethnicity: Hispanic/Latino/ Non-Hispanic/Latino/ Client doesn’t know/Client Refused

Military Veteran: Yes/ No Client doesn’t know/Client Refused

Has client been helped before by Samaritan: Yes/No (if yes last helped \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you lived in Gloucester County: \_\_\_\_\_\_\_\_\_\_\_\_ Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INDICATE WHAT ASSISTANCE YOU ARE APPLYING FOR: (INCLUDE PROOF I.E; POWER BILL, WATER BILL, ETC) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**The Samaritan Group Assessment/Application**

**Client Information:**

Receiving Income from any source: Yes/No Alimony/spousal support: Yes/ No

Name of person receiving support: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount of support: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Support: Yes/No (indicate name of child /children): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person receiving support: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount of support: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Earned Income (Wages) Yes/ No OR Self Employment: Yes/No

Name of person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount of income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount of income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General Assistance: Yes/No Name of person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount of assistance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pension/retirement from a former job: Yes/No Private Disability Insurance: Yes/No Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_

Name of person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_

Retirement from Social Security: Yes/No Name of person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_

Social Security Disability Insurance (SSDI): Yes/No Name of person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_

Supplemental Social Security Income (SSI): Yes/No Name of person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount: \_\_\_\_\_\_\_\_\_\_

Unemployment Insurance: Yes/No Name of person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount: \_\_\_\_\_\_\_

VA-Non-Service connected disability pension: Yes/No Name of person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount: \_\_\_\_\_\_

VA Service connected disability pension: Yes/ No Name of person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount: \_\_\_\_\_\_\_

Worker’s Compensation: Yes /No Name of person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_

Receiving any Non-cash benefits: Yes/No Name of person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount: \_\_\_\_\_\_\_

Other: Yes/No List source of non-cash benefit: \_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

LIST ALL ELIGIBLE TO RECEIVE TANF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TANF: Yes/No Name of person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other TANF-funded service: Yes/No List type of benefit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TANF child care service: Yes / No Amount: \_\_\_\_\_\_\_\_ TANF transportation services: Yes /No Amount:

WIC: Yes / No Name of person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SNAP-Food Stamps: Yes/ No Amount: \_\_\_\_\_\_\_\_\_
Temporary rental Assistance: Yes/ No Amount: \_\_\_\_\_\_\_\_\_\_\_

Section 8 public housing/other on-going rental assistance: Yes/No Amount of benefit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expenses: Indicate the amount: Rent: $\_\_\_\_\_\_\_\_\_ Mortgage: $ \_\_\_\_\_\_\_ Power: $ \_\_\_\_\_\_\_\_\_\_ Oil/Gas: $ \_\_\_\_\_\_\_\_\_\_

Auto: $\_\_\_\_\_\_\_\_\_\_ Food: $ \_\_\_\_\_\_\_\_\_\_ Phone: $\_\_\_\_\_\_\_\_\_\_\_\_\_ Loans/Credit Cards: $\_\_\_\_\_\_\_\_\_\_ Other: $\_\_\_\_\_\_\_\_\_

I hereby give permission to the Samaritan Group to research the validity of the information that I have provided on this application to determine my need for assistance I give my permission for any agency or church involved in this application process to provide information to the Samaritan Group and herewith release them from all liability involved in the provision of such information. I have read and consent to the release.

Signature and date

The Samaritan Group additional adults (spouse) and or Children assessment

**1. First Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Middle** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SSN#**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender**: [ ]  Female [ ]  Male [ ] Client Doesn’t Know [ ]  Client Refused

**Primary Race**: [ ]  American Indian or Alaska Native [ ]  Asian [ ]  Black or African American [ ]  White [ ]  Native Hawaiian or Other Pacific Islander [ ]  Client Doesn’t Know [ ]  Client Refused

**Secondary Race:** [ ]  American Indian or Alaska Native [ ]  Asian [ ]  Black or African American [ ]  White [ ]  Native Hawaiian or Other Pacific Islander [ ]  Client Doesn’t Know [ ]  Client Refused

**Ethnicity**: [ ]  Hispanic/Latino [ ]  Non-Hispanic/Latino [ ]  Client Doesn’t Know [ ]  Client Refused

**2. First Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Middle** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SSN#**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender**: [ ]  Female [ ]  Male [ ] Client Doesn’t Know [ ]  Client Refused

**Primary Race**: [ ]  American Indian or Alaska Native [ ]  Asian [ ]  Black or African American [ ]  White [ ]  Native Hawaiian or Other Pacific Islander [ ]  Client Doesn’t Know [ ]  Client Refused

**Secondary Race:** [ ]  American Indian or Alaska Native [ ]  Asian [ ]  Black or African American [ ]  White [ ]  Native Hawaiian or Other Pacific Islander [ ]  Client Doesn’t Know [ ]  Client Refused

**Ethnicity**: [ ]  Hispanic/Latino [ ]  Non-Hispanic/Latino [ ]  Client Doesn’t Know [ ]  Client Refused

**3. . First Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Middle** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SSN#**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender**: [ ]  Female [ ]  Male [ ] Client Doesn’t Know [ ]  Client Refused

**Primary Race**: [ ]  American Indian or Alaska Native [ ]  Asian [ ]  Black or African American [ ]  White [ ]  Native Hawaiian or Other Pacific Islander [ ]  Client Doesn’t Know [ ]  Client Refused

**Secondary Race:** [ ]  American Indian or Alaska Native [ ]  Asian [ ]  Black or African American [ ]  White [ ]  Native Hawaiian or Other Pacific Islander [ ]  Client Doesn’t Know [ ]  Client Refused

**Ethnicity**: [ ]  Hispanic/Latino [ ]  Non-Hispanic/Latino [ ]  Client Doesn’t Know [ ]  Client Refused

**CONTINUE ON REVERSE IF NEEDED**