

Client Application for Promoting Safe and Stable Families Program

Basic Information:

Name:	DOB:	Address:

Phone #:	Email:	Primary Language:

Tribal Enrollment #	Family Composition (#of adults, # of kids in household)

Are you a new or returning client? If returning, just fill out any new/changed information:

New Returning

Marital Status: Circle One

Married Single Widowed Divorced

Military Status: Yes/No

Employment Status: Circle One

Unemployed Full-Time Part-Time Seasonal Other

If other explain _____

Monthly Income:

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Sources of Income _____

Public Assistance? If yes, explain

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Education Level: Circle One

Highest Grade Completed _____ High School GED Some College
College Degree Advanced Degree Vocational Ed.

Do you have a desire to further your education? Yes/No

Housing Status:

Do you currently have stable housing? _____

In the last 12 months?

- How many times have you had your utilities shut off? _____
- Moved? _____
- Received care at an emergency room? _____

Health & Wellness

Do you have a primary care physician? Yes/No

Insurance? Yes/No

Do you have a support system? Circle applicable

Family Friends Work Church Clubs/Activities Pets

Other: _____

What is your regular form of transportation? _____

Are you in need of childcare? _____

Are you in need of housing assistance? _____

Please explain, in your own words, your situation & reason/s for seeking services:

Using the checklist below, indicate your family's immediate needs:

- Rental/Housing Assistance
 - Prior to checking, please verify that you are not eligible for rental/housing assistance through other programs—including Miami Tribe's Housing & Adult Services Program. MTOK ICW will not be able to assist if you are eligible for other programs.
- Utility Assistance
 - Prior to checking, please verify that you are not eligible for utility assistance through other programs--- including Miami Tribe's Housing & Adult Services Program. MTOK ICW will not be able to assist if you are eligible for other programs.
- Groceries
 - This can include housing items: trash bags, lightbulbs, cleaning supplies, etc.
- Gasoline/transportation assistance
- Clothing
 - Sizes & items:

- Bedding
- Diapers
- Formula/bottles
- Pest Control
 - Please specify _____
- Mental Health Services
- Resources
- Other- please explain