

Please make sure you fill out the forms completely and send in all required documentation.

Submitting applications that are missing information or are not filled out completely will cause a significant delay in processing.

If you have any questions about this First Episode Psychosis (FEP) program application packet, please call (302) 655-9624.

The program is available in all Delaware locations:

New Castle County

Kent County

Sussex County

Or send an email to:

basicneeds@ccwilm.org

Catholic Charities Basic Needs Intake Form

First Name:	MI	Last Name:	Date:
Address:	City:	State:	Zip:
Phone #:	Email:	Do you Rent or Own?	How many Bedrooms?

PLEASE COMPLETE THIS SECTION FOR ALL HOUSEHOLD MEMBERS

Household Member Name	Relationship	Date of Birth	Social Security Number	M/F	Race*	Hispanic Y/N	Veteran Y/N	Disability Y/N	Citizen Y/N

*Race: [For each household member] White, Black/African American, Asian, American Indian/Alaskan, native Hawaiian/Other Pacific Islander, American Indian/Alaskan Native & White, American Indian/Alaskan Native & Black, Asian & White, Black & White, Other, No Response

Income Source**	Household Member	Amount	How Often

**Income Source: [for each household member] Employment, Unemployment Compensation, TANF, Pension, SSA, SSI, SSDI, Family Support, Veteran's Admin., No Income, Other



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1. I am currently:

- Homeowner
- Renter
- Homeless (staying in shelter, hotel, living with others)

Landlord Contact#: _____ Landlord Email: _____

2. Are you currently living in public housing, receive Section 8, or any other rental assistance?

- Yes (please provide most recent income certification)
- No

3. Type of Assistance needed:

- Rent (Move in Letter/Eviction Notice required)
- Mortgage (Current Statement required)
- Utility (current bill/shut off notice required)
- Security Deposit (Approval/Welcome letter for new residence required)
- Case Management

(Briefly describe what other resources have been used)

4. Have you applied to/or currently receiving assistance with this need from any other organization/agency/program?

(Briefly describe what other resources have been used)

Please Note: Your application will be reviewed prior to program acceptance. Meeting the minimum requirements and completing this application do not guarantee assistance.



Documentation Needs for Program Participation

1. Photo Identification for all household members
2. Social Security Cards for all household members
3. Proof of Income for the last 30 days
 - Fixed income:
 - Social Security Award Letter
 - Veterans Assistance Award Letter
 - Proof of Pension
 - Employment income:
 - Paystubs for the last 30 days
 - Proof of tax records for self-employed
 - Other sources:
 - Unemployment Compensation
 - Child Support (12 month print out needed)
4. Proof of Social Service Benefits:
 - TANF
 - General Assistance
 - Food Stamp/SNAP benefit award letter
5. Current Utility Bill:
 - Gas
 - Electric
 - Water bill with current address and account number
6. Proof of Residency
 - Full signed lease agreement
 - Welcome/approval letter (new move in)
 - Eviction notice (if applicable)
 - Current mortgage statement or Deed