

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?

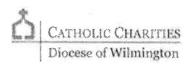
PLEASE COMPLETE THIS SECTION FOR ALL HOUSEHOLD MEMBERS

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

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

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)
La	ndlord Contact#: Landlord Email:
2.	Are you currently living in public housing, receive Section 8, or any other rental assistance? \[\textstyle \text{Yes (please provide most recent income certification)} \] \[\textstyle \text{No} \]
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:
 - o Social Security Award Letter
 - Veterans Assistance Award Letter
 - o Proof of Pension
 - Employment income:
 - o Paystubs for the last 30 days
 - o 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)

- o Eviction notice (if applicable)
- Current mortgage statement or Deed