

Name: _____

Date: _____

TELL US ABOUT YOURSELF

❖ Please know that the information you share with Open Door is kept confidential, except for what you give us permission to disclose; such as to your landlord, utility company, Salvation Army, etc.

❖ How did you hear about us? _____

❖ What unexpected thing has happened to you that has affected your financial or spiritual world?

❖ Has your life style changed within the last 3 months, if so, how?

❖ Are you a veteran? _____

❖ Are you receiving assistance? For example: Food stamps, etc. Circle one: Yes No

❖ Is the amount of assistance you receive sufficient for your monthly needs? If not, how do you get what you need?

❖ What are your current/immediate needs?

❖ Do you have a budget? Circle one: Yes No Explain your method of budgeting:

My signature below confirms that all the information I have provided today is true and correct as of this date. I further understand that Open Door requires me to participate in a very beneficial financial planning program, but attendance does not guarantee my receipt of assistance.

Falsification of information may result in denial of financial assistance from Open Door Resources.

CLIENT SIGNATURE: _____ **Volunteer Signature:** _____

OPEN DOOR RESOURCE CENTER

HOUSEHOLD INFORMATION

HOUSEHOLD NAME: _____ DATE: _____

Street Address: _____ Apt #: _____

City, State, Zip: _____ Telephone #: _____

Social Security # _____ Birthdate: _____ Altern. Telephone _____

Other Household Occupants:

1. Name: _____ Soc Sec #: _____
Birthdate: _____ Relationship: _____

2. Name: _____ Soc Sec #: _____
Birthdate: _____ Relationship: _____

3. Name: _____ Soc Sec #: _____
Birthdate: _____ Relationship: _____

4. Name: _____ Soc Sec #: _____
Birthdate: _____ Relationship: _____

5. Name: _____ Soc Sec #: _____
Birthdate: _____ Relationship: _____

6. Name: _____ Soc Sec #: _____
Birthdate: _____ Relationship: _____