

# Hardee Help Center Assessment - Cold Weather

"A Christ-centered community service organization bringing hope and healing to Hardee County families in difficult seasons of life."

Intake Date: \_\_\_\_\_

Intake Initials (Staff or Volunteer): \_\_\_\_\_

<b>Applicant Name (FIRST, M, LAST):</b>		<b>Date of Birth:</b> <b>Social Security #</b>		Age	
Marital Status: Married   Single   Separated   Divorced   Widowed Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other			<input type="checkbox"/> M <input type="checkbox"/> F	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Education Level:
Housing: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Shelter <input type="checkbox"/> Homeless <input type="checkbox"/> Other <input type="checkbox"/> Living with Others	# of Household  ___ Adult ___ Children	<input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other How long have you lived in Hardee County? _____		Primary Phone (must provide a number to be reached at):	
Current Physical Address: How long at this address? _____			Email (you will be added to receive monthly updates):		
Does your home have heat? <input type="checkbox"/> NO <input type="checkbox"/> Yes			Employer:		
Rent _____ Utilities _____ Car payment _____ Inc _____ Gas _____ Phone _____ Cable _____ Total Expenses: _____			Total Income : _____ <input type="checkbox"/> NO INCOME		
Please list all All household Members, Name, Date of Birth and Relationship to Applicant.					
Name _____ D.O.B. _____ Relation : _____					
Name _____ D.O.B. _____ Relation : _____					
Name _____ D.O.B. _____ Relation : _____					
Name _____ D.O.B. _____ Relation : _____					
Name _____ D.O.B. _____ Relation : _____					
Name _____ D.O.B. _____ Relation : _____					
<b>I'm requesting assistance with:</b> <input type="checkbox"/> Blankets <input type="checkbox"/> Space Heater <input type="checkbox"/> Other _____					
Was your home severely damaged by Hurricane Ian / Nicole? <input type="checkbox"/> Yes <input type="checkbox"/> No					

\_\_\_\_ Yes, **I understand:** That information is shared with the local churches, as the HHC is a ministry of the Hardee County Ministerial Association. That any willful misstatement of information will be grounds for disqualification AND I may no longer receive assistance through the Hardee Help Center in the future.

Printed Name

Signature

Date

IMPORTANT NOTICE: In accordance with Hardee Help Center Policies, employees and volunteers are not authorized to refer families to any agency, organization, church or business for special services that are not available to the public without written approval from a Director. It is the employee's and volunteer's responsibility to understand what a special service may be and is encouraged to always ask if in doubt.

## Office Use Only

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Date Reviewed: \_\_\_\_\_ By: \_\_\_\_\_ Posted in CMD by: \_\_\_\_\_

## GENERAL RELEASE OF INFORMATION

<b>Release Form for Adults</b>	<b>Release Form for Minors</b>
<p>I, being of legal age, hereby grant United Way of Central Florida (UWCF), its assigns or successors, permission to use the story and/or likeness in which he/she appears in whatever the desire. Furthermore, I consent that such story and/or likeness shall be the property of UWCF, and they shall have the right to duplicate, reproduce and make other uses of such story and/or likeness as may be necessary, free and clear of any claim whatsoever on my part.</p> <p>Name (Print): _____                      Signature: _____</p> <p style="text-align: center;">Company: Hardee Help Center                      Company Address: 713 East Bay Street</p> <p>Address: _____                      City: _____ State: _____ Zip: _____                      Email: _____ Birthdate: ____/____/____</p>	<p>I, being the parent/guardian of _____, hereby grant United Way of Central Florida (UWCF), its assigns or successors, permission to use the story and/or likeness in which he/she appears in whatever they desire. Furthermore, I consent that such story and/or likeness shall be the property of UWCF, and they shall have the right to duplicate, reproduce and make other uses of such story and/or likeness as may be necessary, free and clear of any claim whatsoever on my part.</p> <p>Name of Minor: _____ Birthdate: ____/____/____                      Parent Name (please print): _____                      Parent Signature: _____                      Address: _____                      City: _____ State: _____ Zip: _____</p>

CLIENT NAME(S): \_\_\_\_\_ DOB: \_\_\_\_\_

**Individuals (family or friends) or organizations authorized to receive information from Hardee Help Center staff relating to the request for financial, food, or resource information assistance.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

By my signature, or mark, I authorize the Hardee Help Center as the Salvation Army Wauchula Service Unit to disclose, release and receive information to and from the following:

(list agency or agencies)

- (1) Information regarding my general condition, past or present  
 (2) Information concerning services provided to or requested by me  
 (3) Other \_\_\_\_\_

**Types of Information to be verified:**

I understand that previous or current information regarding me may be required. Verifications that may be requested are, but not limited to: employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificates of deposits, Individual Retirement Accounts, interest, dividends; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or worker's compensation, net income from the operation of a business, property exemption status, and alimony or child support payments.

**Organizations/Individuals that may be asked to provide written/oral verifications are, but not limited to:**

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li>• Past/Present Employers Alimony/Child Support Providers</li> <li>• Banks, Financial or Retirement Institution</li> <li>• Social Security Administration</li> <li>• State Unemployment Agency Veteran's Administration</li> </ul> | <ul style="list-style-type: none"> <li>• Peace River Electric Coop</li> <li>• Clerk of Courts</li> <li>• Manatee Community Action Agency</li> <li>• Utility Companies</li> <li>• United Way</li> <li>• Salvation Army</li> <li>• Schools</li> </ul> | <ul style="list-style-type: none"> <li>• Hardee County Property Appraiser</li> <li>• Churches</li> <li>• Nu-Hope Elder Care Services, Inc.</li> <li>• Landlord/Apt. Complex Managers</li> <li>• Social Service Agencies</li> </ul> |
|--|---|--|

**Agreement to Conditions:**

I may revoke this consent at any time, except to the extent that action has been taken in reliance thereon. This consent, unless expressly revoked earlier, will expire after one year from the date originally signed. This information has been disclosed to you from records whose confidentiality is protected by Federal and/or State law. Federal regulations (42 CFR part 2) prohibit you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

Signature of Applicant	(Printed Name)	Date
Signature of Salvation Army Representative	(Printed Name)	Date