



RUSK COUNTY SALVATION ARMY

715-403-1285

EMERGENCY ASSISTANCE APPLICATION

Return to: Salvation Army P O Box 522, Bruce, WI 54819

**IF YOU ARE IN NEED OF ASSISTANCE, PLEASE CONTACT RUSK COUNTY HEALTH AND HUMAN SERVICES FIRST. IF YOU STILL NEED HELP, COMPLETE THIS FORM AND SEND IT WITH YOUR ORIGINAL BILL OR LANDLORD LETTER TO THE ABOVE ADDRESS.
EACH ADULT REQUESTING ASSISTANCE MUST SIGN THIS FORM.**

Name _____ Birth Date _____
Address _____ Phone # _____
City _____ Drivers Lic # _____

HOUSEHOLD MEMBER INFORMATION

Adult Male _____ Disabled Y N
Adult Female _____ Disabled Y N
Children _____ Age _____ Age _____
_____ Age _____ Age _____
_____ Age _____ Age _____
_____ Age _____ Age _____

How long have you lived at this address? _____ In this state? _____ In this country? _____

PLEASE LIST YOUR SOURCES OF MONTHLY INCOME WITH THE DOLLAR AMOUNT

Wages \$ _____ /mo Social Security \$ _____ /mo Unemployment \$ _____ /mo
SSI \$ _____ /mo Child Support \$ _____ /mo W-2 \$ _____ /mo

PLEASE LIST YOUR MONTHLY HOUSEHOLD EXPENSES

Rent/Mortgage \$ _____ Electric \$ _____ Heat \$ _____
Transportation \$ _____ Phone \$ _____ Medical \$ _____
Credit Cards \$ _____ Child Support \$ _____ Cable \$ _____

PLEASE CHECK ASSISTANCE YOU HAVE APPLIED FOR IN THE LAST 6 MONTHS AND PROVIDE THE AMOUNT RECEIVED

Food Stamps \$ _____ Energy Assist \$ _____ W-2 \$ _____
Medical Assist \$ _____ Child Care \$ _____ SSI \$ _____
Rent Assist \$ _____ Do you use the local food pantry? Y or N (circle one)

Please list your Caseworkers name _____

Please explain any barrier to employment _____

How can The Salvation Army help you today? _____



NEED KNOWS
NO SEASON

THE SALVATION ARMY SERVICE EXTENSION RUSK COUNTY

CLIENT PLAN OF ACTION

- EVICTION NOTICE
- LANDLORD LETTER
- ENERGY ASSISTANCE APPROVAL/DENIAL LETTER
- COPY OF UTILITY BILL
- PROOF OF RESIDENCY
- CURRENT WAGE STATEMENT
- OTHER _____

PLEASE PROVIDE US WITH THE INFORMATION FOR ANY BOX CHECKED (✓) ABOVE

NOTES:

The above information is true and correct. I hereby release The Salvation Army or any of its employees or volunteers from any liability resulting from the exchange of client information relating to this request for assistance. Any false information provided to receive improper assistance will result in the denial of the request.

In addition by signing this I am voluntarily consenting to the release of information between said agencies including but not limited to Rusk County Health & Human Services, Lighthouse, Salvation Army, Food Pantries in Rusk County and other local benevolent agencies not otherwise specified for the purpose of verifying the request. The authorization for the release of information expires six months from the date you sign this authorization, or the date you revoke in writing this authorization.

The specific information being released is verification of the information you provided in this application, and other programs/ services you may be eligible to participate in that could remedy the identified crisis.

Signature of Client _____ Date _____

Please print name _____

Signature of Other Adult _____ Date _____

Signature of Other Adult _____ Date _____

Signature of Salvation Army Volunteer receiving application _____