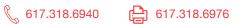


## **Social Services Application Form**

Name:				
	(Last)	(First)		
Address:			Zip Code	
Phone Number: _			Date of Birth	(mm/dd/yyyy)
Age	Gender .		Race	
Maritial Status				
Single	Married	Separated	Divorced	Widowed
Would you like m	nore info on the Kro	oc Center?	Yes O N	0
After School (	Care Friends	Church Aqu	natics Senior P	rograms Recreation/Fitness
Reason for Inqui	ry?			
Referred by				
	(Agency)	(Person o	of Contact)	(Phone)

## Please list all others in household

NAME	RELATIONSHIP	SEX	AGE	DATE OF BIRTH	RACE







Other assistance currently	y recieving (check all t	nat apply):							
Fuel Assistance V									
Head Start DTA Benefits Child Support									
Source of Income	Monthly Amount	EXP	PENSE	MONTHLY AMOUNT					
	\$	Ri	ENT	\$					
	\$	GA:	S/OIL	\$					
	\$	ELEC.	TRICITY	\$					
	\$	PH	IONE	\$					
	\$	FC	OOD	\$					
	\$	BABY	/ ITEMS	\$					
	\$	CHILI	D CARE	\$					
	\$	LAU	INDRY	\$					
	\$	TRANSP	ORTATION	\$ \$					
	\$	CAR	LOAN	\$					
	\$		RANCE	\$					
	\$ \$		OLINE	\$					
	\$		SONAL	\$					
Total Income/Month		Total Expenses/Month							
l,by me to The Salvation Army social service agency.	, authorize The S	alvation Army to re	elease any inf	ormation provided					
Client Signature			Date:						
Social Services Signature			Date:						







