



Social Services Application Form

Name: _____
(Last) (First)

Address: _____ Zip Code _____

Phone Number: _____ Date of Birth _____
(mm/dd/yyyy)

Age _____ Gender _____ Race _____

Marital Status

☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Would you like more info on the Kroc Center? ☐ Yes ☐ No

☐ After School Care ☐ Friends ☐ Church ☐ Aquatics ☐ Senior Programs ☐ Recreation/Fitness

Reason for Inquiry? _____

Referred by _____
(Agency) (Person of Contact) (Phone)

Please list all others in household

NAME	RELATIONSHIP	SEX	AGE	DATE OF BIRTH	RACE

Other assistance currently receiving (check all that apply):

- ☐ Fuel Assistance
 ☐ WIC
 ☐ SSDI/SSI
 ☐ Alimony
 ☐ Veteran's Aid
☐ Head Start
 ☐ DTA Benefits
 ☐ Child Support

Source of Income	Monthly Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Total Income/Month _____

EXPENSE	MONTHLY AMOUNT
RENT	\$
GAS/OIL	\$
ELECTRICITY	\$
PHONE	\$
FOOD	\$
BABY ITEMS	\$
CHILD CARE	\$
LAUNDRY	\$
TRANSPORTATION	\$
CAR LOAN	\$
INSURANCE	\$
GASOLINE	\$
PERSONAL	\$
OTHER	\$

Total Expenses/Month _____

I, _____, authorize The Salvation Army to release any information provided by me to The Salvation Army to any inquiring private social service agency and/or any governmental social service agency.

Client Signature

Date: _____

Social Services Signature

Date: _____