



The Salvation Army
 Marietta Corps Community Center
 - Serving Washington County -

Application for Services

Last Name: _____ First Name: _____

Driver's License / ID Number: _____ Date of Birth: ____/____/____ Marital Status: _____

Address: _____ City: _____ Zip Code: _____

Home Phone Number: (____)____-____ Other Phone Number: (____)____-____ Work Cell

Race: Caucasian Hispanic African American Native American Other: _____

MEMBERS OF HOUSEHOLD:

Last Name, First Name	Birth Date	Relationship to Applicant	Form Of Identification

Do you have a caseworker at any other agency (Social Security, Community Action, etc...)? YES NO

Name of Agency: _____ Caseworker: _____

How did you hear of The Salvation Army's services? _____

I hereby authorize The Salvation Army permission to contact any utility companies, landlords, pharmacies, doctors, government agencies (such as Fema, food stamp offices, etc.), social work agencies and/or churches to obtain (and/or share) information that will be helpful in addressing the needs outlined in this application.

Signature of Applicant: X _____ Date: _____

The information listed in this document is true.

Signature of Applicant: X _____ Date: _____

Signature of Worker: _____ Date: _____

Our services are provided to you as a practical expression of God's love.

Please provide ALL requested information including ethnicity, income, etc. The Salvation Army is required to gather this information. If you fail to provide all information, services may be limited and/or denied on first visit. No service will be given after initial visit without requested information and proper documentation.

