



DOING THE
MOST GOOD™

THE SALVATION ARMY

507 North Steele St.
Sanford, NC 27330
(919) 718-1717
Fax (919) 718-1851

Utility Bill Assistance

To receive assistance towards a final utility bill notice (from Duke Energy, Central Electric, a Water Bill or Dominion Energy) the following requirements must be met (**we do not assist with deposits**). Please provide COPIES of the following and return to The Salvation Army. Or you may fax us or scan the documents and send them to robin.saenz@uss.salvationarmy.org

1. North Carolina Identification Card or valid photo ID. You must be a Lee County Resident.
2. Proof of income. Acceptable proof of income may include a Pay Check Stub, Social Security benefits, Disability, Work First/TANF, Child Support, Veteran's Benefits, Workers' Compensation, Unemployment or proof of being laid off within the past 6 months.
3. Your last utility bill and final notice from the utility company (your name and account number must be listed on your last bill). If you do not have the final notice, you may submit your last bill.
4. Client Application
5. Client Consent to the Release of Protected Health and Confidential Information Form
6. You cannot have received financial assistance from The Salvation Army within the past two years.



CLIENT REGISTRATION FORM

Registration Date: _____

Intake Coordinator: _____

Identification

First name*

Middle name

Last name*

Suffix

--	--	--	--

Date of Birth (MM-DD-YYYY)

	-		-	
--	---	--	---	--

Head of Household

Street Address

Apt#

--	--

City

State

Zip

--	--	--

County

Lee

--

Other

Phone Numbers

Home

--

Work

--

Cell

--

Demographics

Gender

Female

Male

Employment

Full time

Part time

Unemployed

Student

Retired

Employer

--

Spouse/Other Employer

--

Marital Status

	Divorced
	Married
	Single
	Separated
	Widow/Widower
	Significant other

Government Benefits

(Please include all government benefits for your household)

	Receives Food Stamps
	Receives Medicaid
	Receives Medicare
	Receives Social Security
	Receives Veterans Benefits
	Receives WIC
	Receives Disability
	Receives Rental Assistance/Section 8
	Receives Tribal Assistance
	Receives Retirement
	Receives Child Support
	Safelink/Assurance Phone
	Receives SSI
	Receives Other
	TEFAP

Living Arrangements

	Rent
	Own
	Public Housing
	Buying
	Motel
	Boarding House
	Homeless/ Living with Others
	Homeless/ No Place to Stay
	Homeless/ Temporary
	Homeless/ Permanent

Religious Affiliation/Church

Other

Have you received **food, financial** or **other** assistance from us before? Yes No When?

What is the cause of your crisis? _____

Outcomes

What steps can we take to solve this problem? _____

Are you interested in any specific programs? *Please check the box/boxes that interest you.*

- Obtaining my GED
 Job Training
 Money Management
 Bible Study
 Life Skills

Number in Household (by age group)

0-18 19-64 65 and over **TOTAL** number in Family

Household Members (All persons living in household including client)

Name First Middle Last	Birthday M/D/Y	Sex M/F	Relationship	Student/ Employed/ Unemployed/ Retired/ Disabled	Grade Level Com- pleted	Ethnicity B,W,H AI,A,O *	Active Duty/ Discharged

***B**(Black); **W**(White); **H**(Hispanic); **AI**(American Indian); **A**(Asian); **O**(Other)

Income and Expenses

Household Income	Weekly	Monthly	Expenses	Monthly	Currently Due
Employment- His			Rent/Mortgage		
Employment- Hers			Electricity		
Employment- Other			Water		
Social Security			Natural Gas/Propane		
Alimony			Car Payments		
Child Support			Car Insurance		
Retirement/Pension			Transport		
SSI Disability			Medical		
Unemployment			Child Care		
Food Stamps			Phone/s		
AFDC			Personal Expense		
Other (Please Specify)			Food		
Other (Please Specify)			Other (Please Specify)		
Other (Please Specify)			Other (Please Specify)		
TOTAL INCOME			TOTAL EXPENSE		

I hereby authorize The Salvation Army of Lee County to request/share information pertinent to my case from/with agencies, businesses, individuals to adequately assess my needs and any assistance required. I FURTHER attest that all information given on the application form for The Salvation Army is true and accurate to the best of my knowledge.

Client Signature _____ **Date** _____



The Salvation Army, (Sanford, NC)

CLIENT CONSENT TO THE RELEASE OF PROTECTED HEALTH AND CONFIDENTIAL INFORMATION

The Salvation Army is committed to safeguarding your confidential information and will only disclose your confidential information with written consent and solely for the purpose specified in the consent and release with the exception of certain limited circumstances. Therefore, your written consent is needed to share this information and assist you with obtaining the services in the most expeditious and least cumbersome manner. You will receive the Salvation Army Notice of Privacy Practices prior to signing this consent.

CONSENT AND RELEASE

I, _____, hereby authorize The Salvation Army to disclose the following information (specify the kind and amount of information):

To (name or title of the person or organization to which disclosure is to be made):

For (specific purpose of the disclosure):

This consent expires (Specific date, event, or condition of expiration):

I understand that by signing and returning this form, The Salvation Army is authorized to share the protected health or confidential information with the person or organization for the purpose as specified. The Salvation Army needs to share this information in order to coordinate available services and/or assistance. I acknowledge that I have been provided The Salvation Army Notice of Privacy Practices and, upon request, a list of all organizations that may have access to my information. I have been informed that if I wish to limit or refuse the release of information, I have had the opportunity to do so. I understand that I may revoke this consent at any time by contacting The Salvation Army except when action has already been taken to obtain and/or release such information to organizations participating in my case management. My signature on this release indicates that I have read the above, or had it read to me, and I understand the terms and conditions. I have also had the opportunity to ask any questions.

SIGNATURE CLIENT OR AUTHORIZED REPRESENTATIVE **DATE**

SIGNATURE SALVATION ARMY STAFF **DATE**

NOTICE TO ACCOMPANY DISCLOSURE. *Each disclosure containing confidential information subject to 42 CFR Part 2 and made with the client's written consent must be accompanied by the following written statement:*
This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see §2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any client with a substance use disorder, except as provided at §2.12(c)(5) and 2.65.



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NOTICE TO ACCOMPANY DISCLOSURE

Date:

To:

Purpose of Disclosure:

Expiration of Consent to Disclose Information:

The Salvation Army Contact Person:

Each disclosure made with the client's written consent must be accompanied by the following statement:

This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see §2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any client with a substance use disorder, except as provided at §2.12(c)(5) and 2.65.