

**EMERGENCY ASSISTANCE REGISTRATION**  
**Society of St. Vincent de Paul - Epiphany Cathedral/Our Lady of Lourdes**

<b>Applicant Information</b>		<b>Date:</b>	
Last Name		First Name	
Street Address		City/Zip	
SS #	Email:	Phone (Cell & Home):	DOB
Referred to SVdP by:	How long have you lived in the Venice area?	Current employment:	Prior employment:
Identification:	Income Verification:		
Have you received help from OUR agency before? Y N		Have you received help from any other agency in the past 90 days? Y N If Y, please specify.	

**Spouse or Live-in (Circle one)**

Last Name		First Name	
DOB	Does he/she have income? Y N <i>If Y, type and amount of income:</i>		

**Others living in Household (attach sheet for additional persons in household)**

Name	Relationship	DOB	Income
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**Monthly Finances**

INCOME		EXPENSES	
Pension	FIA-Cash Grant	Rent/Mortgage/Home Ins.	Food
Social Security	Food Stamps	Electricity/Water/Sewer	Health Insurance & Doctor exp.
SSD/SSDI	Child Support	Phone (Cell & Home)	Medicine
Workers' Comp	Unemployment	TV/Internet	Car Payment & Auto Ins.
Employment	Other	Child care	Other:
<b>TOTAL</b>		<b>TOTAL</b>	

**Assistance Provided: (Client Adv. enters amt/info to pay and Authorized Signatory completes payment info):**

Rent/Mortgage: \_\_\_\_\_ Water: \_\_\_\_\_ FPL: \_\_\_\_\_ Other: \_\_\_\_\_

Payee Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Payee Address: \_\_\_\_\_

**Authorized Signatory (Print):** \_\_\_\_\_ **Check #:** \_\_\_\_\_ **Amt:** \_\_\_\_\_ **Date** \_\_\_\_\_

## EMERGENCY ASSISTANCE REGISTRATION

ATTACH COPIES OF ALL BACKUP DOCUMENTATION TO THIS FORM: ID, INCOME, REFERRAL FORM, SHUTOFF/EVICTION NOTICES, LEASE DOCUMENTS, ETC.

### Details for assistance

Include: circumstances that brings the client to us, partnering details, medical issues, pursuing job opportunities in not working, whether or not client sought LIHEAP or other agency assistance.

## EMERGENCY ASSISTANCE REGISTRATION

### CONFIDENTIALITY (COMPLETE FOR ALL CLIENTS)

*This information may be shared with other agencies in order to facilitate our service to you.*

Information shared with St. Vincent de Paul will remain confidential with the exceptions of child abuse, elder abuse, or expressed imminent harm to self or others. All Florida residents are mandated reporters for all of the above.

Acknowledgement of services provided by St. Vincent de Paul volunteers and permission to contact other agencies and client for follow-up.

I understand that the services I receive at the Saint Vincent de Paul Society are provided by volunteers. Services are intended for supportive information, financial assistance and referrals only.

I agree that I am solely responsible for, and hold harmless the St. Vincent de Paul Society from, any decisions I make as a result of an individual meetings or other services that I receive at St. Vincent de Paul Society.

I also understand that the information I share will be held in the strictest confidence, except that which would violate the Florida Reporting Laws concerning child and elder abuse. St. Vincent de Paul may use case scenarios for various appeals. All specific situations and individual names will remain anonymous.

I further acknowledge that I have read this waiver in its entirety, and I have signed it freely and voluntarily. I certify the information I have provided is correct to the best of my knowledge. **(Client signs on both lines.)**

Signature: \_\_\_\_\_

Permission Signature: \_\_\_\_\_

### LODGING RESPONSIBILITY (Complete when SVdP provides lodging)

I acknowledge that I am responsible for any and all damages to property or liability incurred by me that are in addition to the agreed nightly charges for my stay assisted by the Society of St. Vincent de Paul.

I understand that the Society of St. Vincent de Paul will seek reimbursement from me if the hotel/motel charges the Society of St. Vincent de Paul or its representative for these additional charges.

I acknowledge that I will not be eligible to receive any further assistance from the Society of St. Vincent de Paul until I reimburse the Society or the motel/hotel for these additional charges.

Signature: \_\_\_\_\_

**TIME SPENT (phone duty, follow-ups, meetings, faxing, documentation):** \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Client Advocates' Names: (PRINT): \_\_\_\_\_ / \_\_\_\_\_

Client Advocates' Signatures: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_