



INFORMATION FORM

This form does not imply verification or guarantee assistance. GraceWorks office use only.

Personal Information (PLEASE PRINT)

Today's Date _____

Name (First, Middle Last) _____

Birthdate _____ Social Security # _____

Address _____ Apt. or Lot # _____

City _____ Zip Code _____

Home Phone _____ Cell Phone _____

Income and Expenses

INCOME: Please list amount you receive each month from the following:

Employment: \$ _____ Full time Part time Place of employment _____

Food Stamps _____ SS _____ SS Disability _____ Unemployment _____ Child Support _____

Other _____

EXPENSES: Please list all expenses (debts, payments, bills, etc.) related to your household. Graceworks does not assist with the payment of debt, but does take your debt expense into consideration.

EXPENSES	MONTHLY \$	EXPENSES	MONTHLY \$	EXPENSES	MONTHLY \$
Rent/Mortgage		Cable		Car Payment	
Electric		Gasoline		Car Insurance	
Water		Food		Pay Day Loans	
Gas/Propane		Medical Bills		Personal Loans	
Phone/Cell		Prescriptions		Other	

TOTAL INCOME _____ **TOTAL EXPENSES** _____ **LONG-TERM DEBT** _____

Additional Information

Email _____ Gender: Male Female

Ethnicity _____ W-White; B - Black; A - Asian; H - Hispanic; ME - Middle Eastern; N - Native American; O - Other; M- Mixed

Education: High School – incomplete High School College

Employment: Full time Part time Unemployed Stay at home parent Student Other

Marital Status: Single Married Separated Divorced Widowed

Veteran: Yes No Disabled: Yes No Homeless: Yes No

Pets: # Cats _____ # Dogs _____ Small, medium or large weight? _____

Spouse

Name (First, Middle Last) _____ Gender: Male Female

Birthdate _____ Social Security # _____ Relationship _____

Monthly Income: Employment: \$ _____ Full time Part time Food Stamps _____ SS _____

SS Disability _____ Unemployment _____ Child Support _____ Other _____

Ethnicity _____ W-White; B - Black; A - Asian; H - Hispanic; ME - Middle Eastern; N - Native American; O - Other; M- Mixed

Education: High School – incomplete High School College

Employment: Full time Part time Unemployed Stay at home parent Student Other

Marital Status: Single Married Separated Divorced Widowed

Veteran: Yes No Disabled: Yes No Homeless: Yes No

ADDITIONAL SHEETS AVAILABLE IF NEEDED

Children 18 and under

Name (First, Middle Last) _____ Gender: Male Female
Birthdate _____ Social Security # _____
Ethnicity _____ W-White; B - Black; A - Asian; H - Hispanic; ME - Middle Eastern; N - Native American; O - Other; M- Mixed
Name (First, Middle Last) _____ Gender: Male Female
Birthdate _____ Social Security # _____
Ethnicity _____ W-White; B - Black; A - Asian; H - Hispanic; ME - Middle Eastern; N - Native American; O - Other; M- Mixed
Name (First, Middle Last) _____ Gender: Male Female
Birthdate _____ Social Security # _____
Ethnicity _____ W-White; B - Black; A - Asian; H - Hispanic; ME - Middle Eastern; N - Native American; O - Other; M- Mixed
Name (First, Middle Last) _____ Gender: Male Female
Birthdate _____ Social Security # _____
Ethnicity _____ W-White; B - Black; A - Asian; H - Hispanic; ME - Middle Eastern; N - Native American; O - Other; M- Mixed

Others in Household

Name (First, Middle Last) _____ Gender: Male Female
Birthdate _____ Social Security # _____ Relationship _____
Monthly Income: Employment: \$ _____ Full time Part time Food Stamps _____ SS _____
SS Disability _____ Unemployment _____ Child Support _____ Other _____
Ethnicity _____ W-White; B - Black; A - Asian; H - Hispanic; ME - Middle Eastern; N - Native American; O - Other; M- Mixed
Education: High School – incomplete High School College
Employment: Full time Part time Unemployed Stay at home parent Student Other
Marital Status: Single Married Separated Divorced Widowed
Veteran: Yes No Disabled: Yes No Homeless: Yes No

Name (First, Middle Last) _____ Gender: Male Female
Birthdate _____ Social Security # _____ Relationship _____
Monthly Income: Employment: \$ _____ Full time Part time Food Stamps _____ SS _____
SS Disability _____ Unemployment _____ Child Support _____ Other _____
Ethnicity _____ W-White; B - Black; A - Asian; H - Hispanic; ME - Middle Eastern; N - Native American; O - Other; M- Mixed
Education: High School – incomplete High School College
Employment: Full time Part time Unemployed Stay at home parent Student Other
Marital Status: Single Married Separated Divorced Widowed
Veteran: Yes No Disabled: Yes No Homeless: Yes No

Name (First, Middle Last) _____ Gender: Male Female
Birthdate _____ Social Security # _____ Relationship _____
Monthly Income: Employment: \$ _____ Full time Part time Food Stamps _____ SS _____
SS Disability _____ Unemployment _____ Child Support _____ Other _____
Ethnicity _____ W-White; B - Black; A - Asian; H - Hispanic; ME - Middle Eastern; N - Native American; O - Other; M- Mixed
Education: High School – incomplete High School College
Employment: Full time Part time Unemployed Stay at home parent Student Other
Marital Status: Single Married Separated Divorced Widowed
Veteran: Yes No Disabled: Yes No Homeless: Yes No

GraceWorks Authorization and Disclosures

I affirm that the information about my household recorded on the front of this form is truthful, accurate and complete to the best of my knowledge. I have not intentionally withheld any information regarding household income, support or expenses. Forms and paperwork I have provided for Graceworks are accurate and truthful.

“As Is” Policy

I understand that any food, clothing, household item, furniture, air conditioner, fan, or other item that is provided to me free of charge or obligation is accepted “as is”, in the condition it is given. It is given to me to be good, but if it is found to be otherwise, I am responsible to dispose of it properly. I assume all responsibility and will not hold GraceWorks Ministries, Inc. or any of its staff, board of directors, or volunteers responsible for any loss I might incur. I understand that the food items I have received are provided to feed me and those in my household and I will not offer the same for sale, exchange, trade, or in return for other properties.

Initials ()

Release of Information

I give GraceWorks Ministries, Inc. permission to obtain information pertinent to my application and request for assistance. I also agree to let GraceWorks Ministries, Inc. share information from my case record with any agencies and organizations, such as, but not limited to, Tennessee Department of Human Services, Tennessee Department of Employment Security, Department of Public Health, Public Housing, or other organizations that may ask for said information that may help in determining any assistance that I may be qualified for.

Initials ()

Mental Health

I understand that GraceWorks does not offer licensed mental health counseling. I also understand that if the staff believes that I am a danger to myself or to others that they are required to call for outside assistance which may include the police and/or a suicide response team.

Initials ()

MAACLink Client Consent and Release of Information

MAACLink is a computer system that is used locally as a Homeless Management Information System (HMIS). Use of an HMIS is required by the US Department of Housing and Urban Development (HUD) for agencies that receive HUD funding. MAACLink is not electronically connected to HUD and is only used by authorized agencies. All MAACLink users have received confidentiality training and have signed strict agreements to protect clients' personal information and limit its use appropriately.

I give permission to GraceWorks to collect and enter my personal and household information into the MAACLink computer system.

I understand that the MAACLink system is shared with and used by authorized agencies in my community for the purposes of:

1. Assessing the needs of low-income, homeless or other special-needs people in order to give better assistance and to improve their current or future situations.
2. Improving the quality of care and service for people in need.
3. Tracking the effectiveness of community efforts to meet the needs of people who have received assistance.
4. Reporting data on an aggregate level that does not identify specific people or their personal information.

I understand that:

- Information I give about my physical or mental health will NOT be shared outside the agency I am working with.
- I have the right to view my MAACLink file with an authorized user.
- Signing this release form does not guarantee that I will receive assistance.
- I may revoke my authorization by completing a revocation form.
- All agencies that use MAACLink will treat my information with respect and in a professional and confidential manner.
- Unauthorized people or organizations cannot gain access to my information without my consent.
- If I receive services from Homeless Prevention Repaid Re-Housing Federal Stimulus (HPRP) Funds, my information may be viewed by other participating agencies across Continuums of Care.

Initials ()

I have read and initialed each of the above disclosure statements.

CLIENT NAME (PRINTED)

Rae Boyd

CLIENT SIGNATURE



DATE

AGENCY REPRESENTATIVE NAME (PRINTED)

AGENCY REPRESENTATIVE SIGNATURE

DATE