



# HOPE in Lancaster, Inc.

## Needs and Authorization Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

I need assistance with these utilities or services (please circle all that apply):

City Water	Duke Energy	Rent
County Water	Lynches River	Food
Heath Springs Water	York Electric	
Kershaw Water	Natural Gas	Other: _____

How did you get here today (circle which best applies)?

Walked	Paid for a ride	Rode with friend	Borrowed a car	Used my car
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### Authorization Form

Data contained in this communication is for use by authorized personnel and will not be disclosed to any person not authorized to receive this information in accordance with the Privacy Act of 1974.

I, the undersigned, hereby authorize representatives of HOPE in Lancaster, Inc. to give or receive any information that may be required to verify my financial or employment status. Also, I give permission to HOPE representatives to give required information to other agencies, if needed.

Furthermore, I certify the information given on this application to be true and correct to the best of my knowledge.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Signature of HOPE Representative \_\_\_\_\_

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### Internal Use Only

YES NO Social Security Card for client in file (legible)

YES NO Photo ID for client in file (legible and clear picture)

YES NO Proof of current address in file

Decision and Date: \_\_\_\_\_

Decision and Date: \_\_\_\_\_



HOPE in Lancaster, Inc.  
Assistance, Resource & Referral Program  
Confidential Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

SS Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Veteran  Yes  No  Male  Female

Asian  Black  Hispanic  White  Other \_\_\_\_\_  
*Check all that apply*

Education  High School // GED  College  Some High School

Contact Information: Email address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Emergency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

Lancaster Heath Springs Indian Land Van Wyck Kershaw Ft. Lawn  
*Circle One*

How long at this address \_\_\_\_\_ Name of Elementary School Area you live in \_\_\_\_\_

Marital Status *(include date of change):*

Single  Married  Separated  Divorced  Widowed  
date \_\_\_\_\_

Referred By:

Church  Friend  Family  Website  
 Other Agency \_\_\_\_\_  Other \_\_\_\_\_

Household *(list all people living in your house-use reverse if necessary):*

Household member Name	Relationship	DOB	Occupation or school student	Last 4 of social security #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



## Client Information Summary

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### PLEASE BE SURE TO ANSWER EACH QUESTION IN FULL

Present employer: \_\_\_\_\_ How long employed? \_\_\_\_\_

Former employer: \_\_\_\_\_ How long employed? \_\_\_\_\_

If you are not employed, why not? \_\_\_\_\_

\_\_\_\_\_ How long unemployed? \_\_\_\_\_

Spouse's present employer: \_\_\_\_\_ How long employed? \_\_\_\_\_

Other Adult in home (18 & over) employer: \_\_\_\_\_ How long employed? \_\_\_\_\_

If other spouse or other adults in home are not employed, why not?

\_\_\_\_\_ How long unemployed? \_\_\_\_\_

Describe the situation in the last 90 days that has caused you to seek short-term emergency assistance:

\_\_\_\_\_  
\_\_\_\_\_

What kind of documentation can you provide? \_\_\_\_\_

\_\_\_\_\_

How much can you pay toward the utility or rent amount that is due? \_\_\_\_\_

What social support connections do you have in the community (i.e. family, friends, or church)

\_\_\_\_\_

Do any of your connections have an ability or motivation to help you with this crisis situation? Yes  
No

Do you have any thoughts on how to adjust your budget to accommodate for this shortfall?

\_\_\_\_\_

If HOPE can partner with you to resolve this temporary situation, what is your financial plan going forward? \_\_\_\_\_

\_\_\_\_\_