



SNAP SHOTS

DATE _____

Applicant - This form is used to evaluate the needs that apply to you and your household.
 Please check the appropriate boxes. Bring this completed form to your appointment.

Section One: Check All that Apply - I'm coming into ACCESS for help with:

Energy	Food	Eviction / Deposit	Housing Counseling	Senior / Disabled	Other:
			Yes	No	
Applicant's NAME:				Veteran	Phone Number

Section Two: In the boxes below. Please circle the area(s) that apply. Your responses will allow us to determine how we may be able to assist you .

STAFF: Check Services / Referrals					
Signed Up	Referral Made	APPLICANT: In Each Category, Circle All That Apply			
		HOUSING	Homeless Living with friends Motel	Eviction Foreclosure	Stable Housing
		ENERGY STATUS	Shut Off 48 hour hanging notice	Final Notice Past Due	Current
		FOOD	No Food	Run out of food often	Food situation is good
		TRANSPORTATION	No Transportation No License No Insurance	Unreliable Car Bus / Walk / Bicycle	Have Vehicle Have License Have Insurance
		CHILD CARE	Need childcare,	Have childcare Can't afford	Certified Stable with Backup Not Needed
		FAMILY INCOME	*None	TANF Unemployment Social Security	Wages Other Source
		DEBT OBLIGATIONS	Owe on debts and fines	Some Bills Late	Bills Current No Debt
		SUPPORT SYSTEM	No family, friends, or church etc	Limited family, friends, or church, etc.	Good support from family, friends or church etc
		HEALTH	Poor	Fair	Good
		Other Referrals:			
		Other Referrals:			
		Other Referrals:			

Staff Initials:	Would you like information about Volunteering for ACCESS? Yes No	* Are there children in the household? Yes No	Was referred to child support services if not receiving support already. Client's Initials:
------------------------	--	---	--