

DATE: \_\_\_\_\_

**St. Vincent DePaul Client Profile**

All information will be treated confidentially

SVdP Volunteer: \_\_\_\_\_

**Client Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Residing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Driver's License of State ID#: \_\_\_\_\_

Use Abbreviations in section below

Where else have you sought assistance?

Christian Neighbors ? Yes/No Other: \_\_\_\_\_

Dept of Human Services? Yes/No Case Worker: \_\_\_\_\_

Check those that apply

Single parent Household \_\_\_\_\_ Currently Homeless \_\_\_\_\_ Physical/ Mental Disability \_\_\_\_\_

Co-Applicant (Spouse, Life partner, Roommate, or Significant Other of Household)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_ Relationship: \_\_\_\_\_ Disabled Yes/No

Have you been assisted by us in the past? Yes/No

Please list all other members of the Household

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_ Relationship: \_\_\_\_\_ Disabled Yes/No

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_ Relationship: \_\_\_\_\_ Disabled Yes/No

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_ Relationship: \_\_\_\_\_ Disabled Yes/No

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_ Relationship: \_\_\_\_\_ Disabled Yes/No

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_ Relationship: \_\_\_\_\_ Disabled Yes/No

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_ Relationship: \_\_\_\_\_ Disabled Yes/No

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_ Relationship: \_\_\_\_\_ Disabled Yes/No

**Education and Employment**

**Applicant's Highest Level of Education**

\_\_\_ Some High School

\_\_\_ HS Diploma or GED

\_\_\_ Associate's Degree

\_\_\_ Bachelor's Degree

\_\_\_ Graduate's Degree

**Co-Applicant's Highest Level of Education**

\_\_\_ Some High School

\_\_\_ HS Diploma or GED

\_\_\_ Associate's Degree

\_\_\_ Bachelor's Degree

\_\_\_ Graduate's Degree

**Applicants Employment**

Employer \_\_\_\_\_

How long employed \_\_\_\_\_

Retired or unemployed \_\_\_\_\_

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

Res. With MI Works? \_\_\_\_\_

**Co-Applicants Employment**

Employer \_\_\_\_\_

How long employed \_\_\_\_\_

Retired or unemployed \_\_\_\_\_

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

Res. With MI Works? \_\_\_\_\_

**Currently Seeking Employment? Yes/No**

**Monthly Income and Expenses**

Income	Amount	Expenses	Amount	Expenses	Amount
Gross Wage (Applicant)		Rent/Housing		Child Care	
Gross Wage (Co-Applicant)		Food		Credit Cards Minimum	
Worker's Comp		Gas/Propane		Rent-to-own	
Food Stamps		Water		Prescriptions	
Child Support		Electric		Medical	
Unemployment		Trash		Tobacco	
Social Security		Telephone		Child Support	
SSI-Disability		Cable/Satellite		Repairs ( )	
DHS Supplement		Diapers		Loans ( )	
WIC		Vehicle Payment		Others ( )	
VA Benefits		Gasoline			
Alimony		Car Insurance			
Other ( )		Health Insurance			

**Total Monthly Income** \_\_\_\_\_ **Total Monthly Expenses** \_\_\_\_\_

**Other**

**Have you been assisted by us in the past year? Yes/No**

**Are you a member of a local church? Yes/No If Yes where**

\_\_\_\_\_

**The St. Vincent DePaul Society is an Organization whose goal is to help those in need in our community.**

**We attempt every effort to assist our clients if we determine if there is a need. In order to meet your needs, we may need to coordinate our efforts with other providers or agencies. If your request is for medical care or medication, we will need to verify that information with your healthcare provider or pharmacy. By signing below, you are giving us permission to work with other county agencies and verify medical and prescription information. I understand that future assistance will be denied if the funds from St. Vincent DePaul are used for purposes other than requested.**

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Co-Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_