

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? _____

Currently Seeking Employment? Yes/No

Co-Applicants Employment

Employer _____

How long employed _____

Retired or unemployed _____

How long unemployed _____

Res. With MI Works? _____

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 _____