

Financial Assistance Requirements for St. William of York Outreach, Inc.

We offer financial assistance to Stafford County residents on Wednesdays ONLY for utility cut-offs or court ordered eviction notices. Assistance interviews begin at 10:00 a.m., however lines form earlier.

Refer to our website <http://stwilliamofyorkoutreach.weebly.com> to download and fill out the application.

Please have the application completed before arrival.

Due to limited funds, the first 5-6 people with **ALL** of the following documentation may be helped that day:

- Valid VA Driver's License with Current Address,
- Social Security Cards for Everyone in the Household,
- Proof of Income or No Income for All Adults in the Household,
- Checking/Savings Account Statements,
- Pre-Paid Debit Statements,
- Car Registrations,
- If You Receive Food Stamps- Paperwork Showing How Much,
- All Current Monthly Billing Statements Including the One with the Cut-off Notice.
Monthly Statements Should Include:
 - Rent/Mortgage (Must Bring Lease)
 - Food
 - Electricity
 - Heat (Gas/Oil)
 - Water
 - Cable/Satellite
 - Internet
 - Home Phone
 - Cell Phone
 - Pre-Paid Cell Phone
 - Child Support
 - Child Care
 - Health Insurance
 - Health Insurance Co-pays
 - Prescriptions
 - Garbage Removal
 - Auto Insurance
 - Renter's Insurance
 - Other Insurance (Life, etc.)
 - Mastercard
 - Visa
 - Discover
 - American Express
 - Other Credit Cards
 - Store Credit Cards
 - Car/Truck Payments
 - Other Loans
 - Gasoline
 - Tobacco/Alcohol

If you have any questions please email: swoyoutreach@gmail.com

Notes:

- We have a copying machine to make all copies.
- In most cases we cannot pay the total bill. Applicants are advised to obtain pledges from other agencies and bring those pledges to the Wednesday interview.

CharityTracker Assistance Network
Shared Case Management Software - CharityTracker
RELEASE OF INFORMATION (ROI)

Client's Last Name: _____ First Name: _____ MI: _____
 Address: _____ City/State: _____ Zip: _____
 Date of Birth: ____ / ____ / ____ SSN: ____ - ____ - ____
 mm / dd / yyyy

The **CharityTracker Assistance Network**, "hereinafter referred to as "CharityTracker", is a shared, computerized record keeping system that captures information about people experiencing need for emergency services, including but not limited to assistance with utility bills, medications, rent/mortgage payments, etc. Rappahannock United Way (Adminstrating Agency) administers CharityTracker on behalf of participating agencies of the CharityTracker Assistance Network, including St. William of York Outreach, Inc. (Participating Agency).

I understand that all information gathered about me is personal and private and that I do not have to participate in CharityTracker. I have had an opportunity to ask questions about CharityTracker and to review the basic identifying information, which is authorized by this release for the CharityTracker Assistance Network Participating Agencies to share. I also understand that information about non-confidential services provided to me by CharityTracker participating agencies may be shared with other CharityTracker Participating Agencies. This Release of Information will remain in effect for 3 years from the date noted under my signature at the bottom of this page unless I make a formal request to this Organization that I no longer wish to participate in CharityTracker.

<u>Dependent's Name</u>	<u>DOB</u>	<u>Social Security Number</u>
		- -
		- -
		- -
		- -
		- -
		- -
		- -
		- -
		- -
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I authorize St. William of York Outreach, Inc., as a CharityTracker Participating Agency, to share my basic, identifying and non-confidential service transactions/information with other CharityTracker Participating Agencies. I authorize the use of a copy of this original to serve as an original for the purposes stated above. I further authorize St. William of York Outreach, Inc. (Participating Agency), as a CharityTracker Participating Agency, to share my dependent's basic, identifying and non-confidential service transactions/information with other CharityTracker participating agencies.

X
 Client and/or Parent-Legal Guardian's
 Authorizing Signature

X
 Agency Representative Signature

 Date

 Date

The original of this Release of Information shall be kept on file with the Agency for a minimum of three years from it's expiration date.

St. William of York Outreach, Inc.

3130 Richmond Hwy.

Stafford, VA 22554

Client Status: New Returning

Name: (Last) _____ (First) _____ (MI) _____

Marital Status: S M Sep Div Sex: _____ Maiden Name: _____ Nickname: _____

Home:(_____) _____ Cell:(_____) _____ Work:(_____) _____

Email Address: _____

Home:

How long at current address? _____ Previous address if less than 1 year: _____

Employment:

Self: Where Employed? _____ Hrs/Wk _____ \$/Hr _____

Spouse: Where Employed? _____ Hrs/Wk _____ \$/Hr _____

Other: _____ Where Employed? _____ Hrs/Wk _____ \$/Hr _____

Finances:

Do you have a checking account? Yes No Amount: \$ _____

Do you have a savings account? Yes No Amount: \$ _____

Do you have a debit card? Yes No

Have either of you been in the Military Services? Yes No When? _____ Benefits: _____

Is your rent assisted by Section 8 or Income Adjusted? Yes No

Are you being assisted by the Department of Social Services? Yes No

Do you receive Food Stamps? Yes No How much? _____

Have you been to a Food Pantry in the last 10 days? Yes No Where? _____

What created your current emergency? _____

I hereby give permission to St. William of York Outreach, Inc. to obtain information from agencies and/or individuals, as appropriate for assistance determination. I hereby give permission to St. William of York Outreach, Inc. to release information to agencies, individuals and/or utility companies in the course of providing assistance.

To the best of my knowledge the above information is correct. I understand that if any of the information provided is untrue or purposefully incomplete, I will not receive any assistance or the pledge given to me for assistance.

Applicant: _____ Date: _____

Co-Applicant: _____ Date: _____

Name: _____

Monthly Income		Monthly Expenses	
		Please Provide ALL Current Statements	
Employment (self)	\$	Rent/Mortgage	\$
Employment (spouse)	\$	Food	\$
Disability	\$	Electricity	\$
TANF	\$	Heat (Gas/Oil)	\$
Alimony	\$	Water	\$
Fuel Assistance	\$	Cable	\$
Food Stamps	\$	Satellite	\$
Unemployment	\$	Internet	\$
Worker's Comp.	\$	Home Phone	\$
SSI	\$	Cell Phone	\$
Child Support	\$	Pre-Paid Cell Phone	\$
Tips	\$	Child Support	\$
Commissions	\$	Child Care	\$
Retirement	\$	Health Insurance	\$
Social Security	\$	Health Insurance Co-pays	\$
Electric Voucher	\$	Prescriptions	\$
	\$	Garbage Removal	\$
		Auto Insurance	\$
Total	\$	Renter's Insurance	\$
		Other Insurance (Life, etc.)	\$
		Mastercard	\$
		Visa	\$
		Discover	\$
		American Express	\$
		Other Credit Cards	\$
		Store Credit Cards	\$
		Car/Truck Payment (#1)	\$
		Car/Truck Payment (#2)	\$
		Other Loans	\$
		Gasoline	\$
		Tobacco/Alcohol	\$
		Total	\$