

CITY OF PHOENIX FAMILY SERVICES CENTERS SERVICE QUESTIONNAIRE

CENTRAL PHOENIX FAMILY SERVICES CENTER

Caseworker: _____

Date: _____

Date of Birth	First Name		Last Name		Middle Initial
Social Security Number	Ethnicity (Stats only):	Gender (Circle) M or F	Email Address		
Street Address	Apt/Lot/Unit	City		Zip Code	
Housing Type: (Circle) Rent / Own / Subsidized Housing / Homeless	Monthly Housing Payment:	Home Phone #	Cell Phone #	Message / Work #	
Medical Insurance Type?	Marital Status Never-married / Married/ Widowed / Separated / Divorced / Partner		Last Grade completed?	Citizenship	
How long have you lived in Arizona?		How long have you lived in Maricopa County?		Employment Type:	
Years: _____	Months: _____	Years: _____	Months: _____		

IS ANYONE IN YOUR HOUSEHOLD:

Elderly (60+)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, who? _____
Disabled?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, who? _____
Homebound?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, who? _____
Veteran?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, who? _____

Please explain what happened to cause you to need help.

Please explain how you will pay your bills next month:

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR EVERYONE LIVING IN YOUR HOME:

[illegible]

PLEASE SHOW:

- 1) ANY MONEY RECEIVED (GROSS INCOME, BEFORE DEDUCTIONS) FOR THE LAST 30 DAYS.
- 2) ALL OF YOUR BILLS FOR THE LAST 30 DAYS FOR ALL HOUSEHOLD MEMBERS.

A. Job/Employment:

Any full &/or part-time work, day labor, babysitting, yard work, repairing cars, housekeeping, etc.

Name of Individual Receiving	Date Received	Gross Amount

B. Social Security (SS, SSI, SSDI)

Name of Individual Receiving	Date Received	Gross Amount

C. VA (Veterans' Comp.)

Name of Individual Receiving	Date Received	Gross Amount

E Unemployment Insurance

Name of Individual Receiving	Date Received	Gross Amount

F. Workman's Compensation

Name of Individual Receiving	Date Received	Gross Amount

G. Child Support

Name of Individual Receiving	Date Received	Gross Amount

H. School grants

Name of Individual Receiving	Date Received	Gross Amount

I. Section 8 Utility Allowance

Name of Individual Receiving	Date Received	Gross Amount

A. Rent/Mortgage \$ _____

B. Gas Utility \$ _____

C. Electricity \$ _____

D. Water \$ _____

E. Car Payment \$ _____

F. Car Insurance \$ _____

G. Gasoline \$ _____

H. Food \$ _____

I. Clothing, Diapers \$ _____

J. Furniture, DVD, TV \$ _____

K. Cable or Satellite TV \$ _____

L. Video rental \$ _____

M. Washer/dryer \$ _____

N. Child support \$ _____

O. Bus fare/taxi/carpool \$ _____

P. Childcare \$ _____

Q. Personal items \$ _____

R. Loans/credit cards \$ _____

S. Insurance (Life/Health) \$ _____

T. Medical bills \$ _____

U. Telephone, pager, cell phone \$ _____

TOTAL: \$ _____

I certify that the above information is a true and accurate statement of my living circumstances. I authorize the city of Phoenix to verify the information provided by me in order to determine eligibility for assistance.

SIGNATURE