

**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 #
Medical Insurance Type?	Marital Status Never-married / Married/ Widowed / Separated / Divorced / Partner	Last Grade completed?	Citizenship
How long have you lived in Arizona? Years: _____ Months: _____	How long have you lived in Maricopa County? Years: _____ Months: _____	Employment Type:	

**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.

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Please explain how you will pay your bills next month:

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

**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.**

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**SIGNATURE**