CSBG Assistance Questionnaire

Client Information

- Name: _____ Date: _____
- Number of people over 18 years old in household: _____
- Number of children in household: _____

Assistance Requested

1. What type of assistance are you requesting today?
    - ☐ Rent
    - ☐ Utility
    - ☐ Emergency housing/motel
    - ☐ Food
    - ☐ Clothing
    - ☐ Other: _____
2. Briefly explain your current situation, what caused the emergency or hardship, and why you are requesting assistance:

    _____

    _____

3. Have you received assistance from CAPNEMO/CSBG before?
    - ☐ Yes
    - ☐ No

    If yes, what assistance and when? _____

4.

5. Have you contacted any other agencies or resources for assistance?
    - ☐ Yes
    - ☐ No

    If yes, who? _____

Plan Going Forward

10. What steps have you already taken to address your current situation?

    _____

11. What is your plan to prevent or reduce this situation from happening again?

    _____

    _____

12. Are there other services that may help your household become more stable?
    - ☐ Employment assistance
    - ☐ Budgeting/financial education
    - ☐ Housing resources
    - ☐ Child care
    - ☐ Food resources
    - ☐ Benefits assistance
    - ☐ Other: _____

Client Signature: _____ Date: _____

Staff Use

Assistance approved/requested: _____

Referrals provided:

- ☐ SkillUp
- ☐ Budgeting/financial education
- ☐ Housing resources
- ☐ Head Start
- ☐ Child care referral
- ☐ Food resources
- ☐ Benefits assistance
- ☐ Resource Folder
- ☐ Other: _____

Client's agreed-upon next steps: _____

Check list of documents for file:

- ☐ Completed Application and each household member form
- ☐ Proof of all household members Social Security Cards
- ☐ Proof of all income for past 30 days
- ☐ Proof of unearned income if received
- ☐ Copies of photo IDs for household members over 18
- ☐ Copy of late letter for rent or utility or letter stating deposit requirement
- ☐ Rental Lease (if required for assistance)
- ☐ Proof of landlord ownership of property
- ☐ All forms are signed by client and staff
- ☐ File entered into MIS