

**IMPORTANT INFORMATION ABOUT APPLYING FOR BENEFITS THROUGH
THE CITY OF PHOENIX FAMILY SERVICES CENTERS**

PLEASE LET US KNOW IF YOU NEED ANY OF THE FOLLOWING ASSISTANCE:

- Language interpreter
- Help filling out this form
- Accommodations for a disability

ELIGIBILITY CONSIDERATIONS:

The City of Phoenix has several funding sources available to assist Phoenix residents, each with various eligibility criteria. Please complete the questionnaire as thoroughly as you can and discuss any questions or concerns with your caseworker. You are not obligated to complete any sections that do not apply to you or your household members.

Page 3 of this questionnaire allows you to select which household members are applying for benefits and which are not. You are not required to provide Social Security numbers or information relating to citizenship or immigration status for any household member who is not applying for benefits. You do not need to be eligible for a benefit in order to apply for that benefit.

For certain benefits, the City of Phoenix may need to verify income, address, and other information for all household members, including those who are not applying for benefits. Even though you do not have to, you can choose to provide Social Security numbers for household members who are not applying for benefits. If you do, the City will use the Social Security numbers of non-applicant household members only to help verify income, to prevent duplication of services, as proof of identity, to verify income through employers, to verify DES Unemployment benefits, to verify categorical eligibility through a DES benefit check, and to verify addresses for housing programs.

UPDATE HH INFO (Internal use only)

CITY OF PHOENIX FAMILY SERVICES CENTERS QUESTIONNAIRE

Appointment Type: _____

Travis L. Williams
4732 S. Central Avenue
85040
(602) 534-2433

John F. Long
3454 N. 51st Avenue
85031
(602) 534-2433

Sunnyslope
914 W. Hatcher Road
85021
(602) 534-2433

Appointment Date: _____

**Emergency Assistance Appointment Line: (602) 534-AIDE or (602) 534-2433
Toll Free: 1-(866)-882-1778**

Date of Birth	First Name	Last Name		Middle Initial
Gender (Circle): Male / Female/ Other	Ethnicity: Hispanic/ Latino/ None	Race:	Email:	
Street Address		Apt/Lot/Unit	City	Zip Code
Housing Type: (Circle) Rent / Own / Subsidized Housing / Homeless / Permanent Housing / Other:	Monthly Housing Payment: \$	Phone Number (Cell / Home / Message) ()	Work Phone Number ()	
Work Status: (Circle) Employed Full Time/ Part Time / Migrant Seasonal Farm Worker / Unemployed less than 6 months / Unemployed more than 6 months / On Leave/ Disabled / Retired / Other:	Marital Status: Never Married / Married / Widowed / Separated / Divorced / Partner / Other: _____	How long have you lived in Arizona? Years: _____ Months: _____	How long have you lived in Maricopa County? Years: _____ Months: _____	
Do you want assistance with finding employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is anyone in your household?			
	Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? _____			
	Elderly (60+) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? _____			
	Homebound <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? _____			
	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? _____			
	Active Military <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? _____			

Briefly explain what caused you to seek help with financial assistance:

We can work together towards a solution through case management.
Case management is a way for us to work together to help support you through your concerns. We will work in partnership to create an action plan with goals that you wish to reach. We'll help you find resources and ways to help you reach those goals.

Are you interested in case management? Yes _____ No _____

List Household Member Information Below, Including Yourself:

Name (Please begin with self)	Applicant for Benefits? (Y/N)	Date of Birth	Social Security # (Optional for Non-Applicant Household Members) **	Citizenship or Immigration Status (Complete for Applicant Household Members only)	Ethnicity and Race	Gender	Medical Insurance Type	Relationship to Applicant	Last Grade Completed	Work Status (e.g. Full Time, Part Time, Retired, Unemployed,)

***Applicant Social Security numbers may be required to be eligible for certain benefits. Social Security numbers of Applicants and Non-Applicant Household Members may be used to prevent duplication of services, as proof of identity, to verify income through employers, or other local, state and federal programs. Please consult with your caseworker regarding how providing Social Security numbers for household members may impact eligibility for certain benefits and the amount of benefits awarded.**

****To add additional members, please request an additional member page from the caseworker ****

PLEASE SHOW FOR YOURSELF AND ALL HOUSEHOLD MEMBERS THE FOLLOWING:

- 1) ALL 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

Are your utilities: ON or OFF

Check your utility company: APS SRP SW Gas

Do you pay City of Phoenix Water? Yes No

A. Job/Employment (For ALL Household Members)

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

Name of Individual Receiving Income	Date Received	Gross Amount

B. Social Security (SS, SSI, SSDI)

Name of Individual Receiving	Date Received	Gross Amount

C. Government Assistance (TANF TPEP, Grant Diversion)

Name of Individual Receiving	Date Received	Gross Amount

D. Supplemental Nutrition Assistance Program

Name of Individual Receiving	Date Received	Gross Amount

E. Unemployment Insurance, Workman's Compensation

Name of Individual Receiving	Date Received	Gross Amount

F. Child Support (For all states, if applicable)

Name of Individual Receiving	Date Received	Gross Amount

G. Other Income (Per Capita; Retirement/Pension, etc.)

Name of Individual Receiving	Date Received	Gross Amount

H. VA (Veterans' Comp., VA Service-Connected Disability/ VA Non-Service-Connected Disability)

Name of Individual Receiving	Date Received	Gross Amount

EXPENSES

1. Electricity: _____ \$ _____
Account Number

2. Water: _____ \$ _____
Account Number

3. Southwest Gas: _____ \$ _____
Account Number

4. Car Payment / Transportation \$ _____

5. Child / Dependent Care \$ _____

6. Food \$ _____

I. Alimony/ Spousal Support

Name of Individual Receiving	Date Received	Gross Amount

I certify the above information is a true and accurate statement of the living circumstances of my household. I authorize the City of Phoenix to verify the information provided to determine eligibility for assistance.

X _____
Client (APPLICANT) SIGNATURE

**City of Phoenix
Human Services Department
AUTHORIZATION FOR RELEASE OF INFORMATION**

Client Name: _____

Date of Birth: _____

I, _____ (print full name exactly as on document), hereby authorize the City of Phoenix Human Services Department and the utility companies that provide or provided me services to release any and all information requested concerning myself or my household members to ensure a thorough assessment of my household's situation is completed. I understand the completion of an assessment is not a guarantee financial services will be provided.

I hereby authorize the City of Phoenix Human Services Department and the utility companies to share and exchange information concerning myself or any member of my household with the following organizations:

- Arizona Department of Economic Security**
- Social Security Administration**
- Landlord or Mortgage Company listed on this questionnaire**
- SRP/SWG/APS/City of Phoenix Water Services Department**
- Current, Past or Prospective Employers**
- Arizona Community Action Association (dba Wildfire)**
- All City of Phoenix Departments**

I understand I may revoke this authorization at any time, except to the extent action based on this authorization has already been taken. Unless I revoke this authorization earlier it will expire six months from the date of my signature. If requested, I understand this document may be provided to any and all the agencies/persons identified on this release of information.

Client Signature: _____

Date: _____

**City of Phoenix
Human Services Department
AFFIDAVIT OF AUTHENTICITY OF DOCUMENTATION**

I, _____ (print full name exactly as on document), hereby affirm, upon penalty of perjury, that I presented documentation to the City of Phoenix for the purpose of obtaining a benefit from the City for myself or others in my household, that the persons seeking benefits are lawfully present in the United States, and that the persons seeking benefits are the persons identified on the documentation.

Client Signature: _____

Date: _____

Media Request

Are you willing to discuss your experience at the City of Phoenix Family Services Center with the media (newspaper and/or television reporters, phone interview, etc.)? Yes _____ No _____

If yes, how do you prefer to be contacted? Phone: _____ or Email: _____

If you answered yes, your information may be forwarded to the Arizona Community Action Association who will contact you for additional information.

Participant Input:

Would you be interested in joining the Human Services Department Human Services Commission? Your participation would provide a voice for low-income residents of the City of Phoenix. Yes _____ No _____

If you answered yes, your information will be forwarded to a City of Phoenix staff member who may contact you for additional information as well as provide you more details about this opportunity.

Authorized staff use only:

- Verification of Income
- Verification of HH address/ occupancy
- Verification of school enrollment