

Naomi's Helping Hand Inc.
HELPING FAMILIES STAY TOGETHER



Date: _____

Referring agency: _____

First name: _____ Last name: _____

Date of Birth: _____

Contact Number: _____

Gender: ____ Race: ____

Marital status: Single ____ Married ____ Divorced ____ Separated ____ Widowed ____

Home address: _____

How long have you lived in Georgia? _____

Are you currently homeless? ____ How long have you been homeless? ____

How many times have you been homeless in the past three years? ____

What type of income do you have? _____

What is your monthly income? \$ _____

Are you employed? ____ How long employed? ____ Fulltime ____ Part-time ____

Employer name: _____ Job position: _____

Are you disabled? ____ What is your disability? _____

Do you receive any type of benefits such as?

Food Stamps ____ Medicaid ____ Medicare ____ SSI ____ SDI ____ Other _____

Are you a veteran? ____

What is the highest level of education you have completed? _____

What type of assistance are you seeking? (Check all that apply):

Food ____ Shelter ____ Transportation ____ Clothing ____ Rental Assistance ____

Employment ____ Medical ____ Home Care ____ Counseling ____ Other _____