COMMUNITY RESOURCES APPLICATION

Last Name:	First:	MI:
Parent/Guardian Last Name:	First:	MI:
Daytime Phone:	Evening Phone:	DOB:

Marital Status	☐ Married	☐ Never Married	☐ Divorced	☐ Separated	☐ Widowed

What type of service would you like to access? (e.g. music lessons, personal training, resume review, career coaching)			
Proposed provider (if applicable):			
Please select the purpose of this application:	☐ Financial	☐ Referral/Match	☐ Both

IF YOU ARE APPLYING FOR FINANCIAL ASSISTANCE, PLEASE COMPLETE THE FOLLOWING:

Employment

Client/Parent/Guardian	☐ Full-time	☐ Part-time	☐ Temporary	☐ Retired	☐ Unemployed

If unemployed, date of last employment:	Date due to return to work:
Present Employer:	Previous Employer:
Job Title:	Job Title:

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Client / Parent / Guardian Income over past 30 days

Job: $	Spouse or live in partner: $	Unemployment: $	Child Support: $
Retirement: $	Food Stamps: $	SSI: $	Other: $

Do you have:

☐ Health Care Insurance	☐ Medicaid	☐ Medicare	☐ Harris County Gold Card

Other Dependents and / or Children

Number:	Ages:
Number living in household:	Number providing support for:

Housing:

☐ Own	☐ Rent	☐ Live with relatives	☐ Shelter	☐ Homeless

Amount Paid each month for:

☐ Housing: $	☐ Utilities: $	☐ Major Medical: $	☐ Child Support: $

Please explain your circumstances that you believe qualifies you for financial assistance:

Please list all current mental health providers.

Name	Month/Year of services	Approx # sessions

Please fill out the below information to the best of your ability:

How will access to the community resource improve your quality of life?

Describe OCD or Anxiety related barriers that may limit your participation or benefit. (These will not prevent assistance but rather help us strategize with you.):

Have you experienced any suicidal ideation/gestures/acts and/or engaged in any self-harm behaviors in the last 3 months? If so, please provide more information and the date of last occurrence.

Substance Abuse/Dependence related concerns (past or present):

Goals (How would you like to benefit from this?):

I certify that the above information is accurate and true:

Signed:		Date:	

(Do not mark below this line)

Date Received:	Applicant Contacted (date):
Approval: Yes or No	Amount/Service Agreed Upon: