



**SOUTH BRUNSWICK TOWNSHIP
DEPARTMENT OF SOCIAL SERVICES**

Application Date:

Guidelines Issued:

HOUSEHOLD INFORMATION:	LAST NAME	FIRST NAME	BIRTH DATE	LAST 4 DIGITS SSN	SCHOOL ATTENDED (CHILDREN ONLY)
FEMALE ADULT					
MALE ADULT					
CHILDREN					
ROOMMATE OR OTHER					

ADDRESS:	WORK PHONE:	LANDLORD:
CITY, STATE ZIP:	CELL PHONE:	LANDLORD PHONE:
HOME PHONE:		
EMAIL ADDRESS:		

EMPLOYMENT(LIST LAST PLACE FIRST)

NAME	EMPLOYER	FT/PT	SALARY

MEDICAL INSURANCE YES _____ NO _____, IF YES, PROVIDER: _____

IS ANYONE IN YOUR HOUSEHOLD DIABETIC? Yes No			
If yes, please fill out below			
NAME	AGE	TYPE 1/TYPE 2	COMMENTS

Have you or anyone living with you ever been arrested/convicted of a crime? Yes No
If yes, please explain:

****I certify that all information contained in this application is true.**

Signature _____ Date: _____

IF AT ANY TIME THERE IS A REASONABLE SUSPICION THAT INFORMATION PROVIDED ON THIS APPLICATION FOR ASSISTENCE IS MATERIALLY FALSE OR MISLEADING SOUTH BRUNSWICK TOWNSHIP RESERVES THE RIGHT TO REDUCE, SUSPEND AND/OR TERMINATE SERVICES.

SOUTH BRUNSWICK SOCIAL SERVICES
FINANCIAL INFORMATION

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INCOME (PLEASE PROVIDE DOLLARS AS NET INCOME MONTHLY)

CATEGORY	FEMALE ADULT	MALE ADULT	CHILDREN	ROOMMATE OR OTHER	COMMENTS
WAGES					
PENSION(S)					
SOCIAL SECURITY					
WELFARE					
ALIMONY					
UNEMPLOYMENT					
SSI/SSD (SPECIFY WHICH)					
CHILD SUPPORT					
OTHER (SPECIFY)					
FOOD STAMPS					
SECTION 8					
401K					
FAMILY ASSISTANCE					
TOTAL INCOME					

FOR GRANT PURPOSES, WE ARE COLLECTING THE FOLLOWING INFORMATION WHICH WILL BE KEPT CONFIDENTIAL

- RACE/ETHNIC GROUP:
- | | | |
|---|---|--|
| <input type="checkbox"/> WHITE | <input type="checkbox"/> BLACK | <input type="checkbox"/> HISPANIC |
| <input type="checkbox"/> NATIVE AMERICAN | <input type="checkbox"/> NATIVE ALASKAN | <input type="checkbox"/> NATIVE HAWAIIAN |
| <input type="checkbox"/> PACIFIC ISLANDER | <input type="checkbox"/> ASIAN | <input type="checkbox"/> RUSSIAN |
| <input type="checkbox"/> ARABIC | <input type="checkbox"/> INDIAN | <input type="checkbox"/> OTHER |

PLEASE SPECIFY

- CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:
- DISABLED INDIVIDUAL
- VETERAN OF ACTIVE MILITARY DUTY DURING TIME OF WAR OR CONFLICT

- DESIGNATE PLACE OF SERVICE
- | | | |
|---------------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> WORLD WAR II | <input type="checkbox"/> DESERT STORM | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> KOREA | <input type="checkbox"/> AFGHANISTAN | |
| <input type="checkbox"/> VIETNAM | <input type="checkbox"/> IRAQ | |

PLEASE SPECIFY

- DISABLED VETERAN

- REFERRAL SOURCE:
- ADVERTISEMENT- PUBLICATION? - SPECIFY _____
- REFERRING AGENCY _____
- TOWNSHIP WEBSITE _____
- FRIEND _____
- RELATIVE _____
- OTHER _____
- SPECIFY _____

******OPTIONAL AUTHORIZATION FOR SOMEONE TO PICK UP FOOD ON MY BEHALF******

I HEARBY AUTHORIZE _____ TO PICK UP FOOD FOR ME IF I AM UNABLE TO.

MONTHLY EXPENSES

HOUSING	MONTHLY	COMMENTS
RENT/MORTGAGE		
HOME/APT. INSURANCE		
ASSOCIATION DUES		
OTHER		
FOOD		
GROCERY STORE		
UTILITIES		
GAS/OIL		
ELECTRIC		
CABLE		
PHONE (HOME)		
PHONE (CELL)		
OTHER		
TRANSPORTATION		
CAR LOAN(S)		
CAR INSURANCE		
CAR REPAIRS		
BUS/TAXI		
MEDICAL		
MEDICAL INSURANCE		
PRESCRIPTIONS		
DENTAL		
OTHER		
DEBT		
CREDIT CARD(1)		
CREDIT CARD (2)		
CREDIT CARD (3)		
DEBT PAYMENT PLAN		
PERSONAL LOAN		
TUITION		
OTHER		
MISCELLANEOUS		
CHILD SUPPORT		
ALIMONY		
LIFE INSURANCE		
FINE(S)		
INCOME TAX		
TOTAL EXPENSES		
TOTAL INCOME		
DIFFERENCE		

AUTHORIZATION TO RELEASE INFORMATION

I/We give my/our permission to organizations, agencies, and businesses, both public and private, to release personal information about me/us to South Brunswick Social Services as part of my/our request for assistance. I/we also give permission for information to be released by South Brunswick Social Services about me/us to organizations, agencies and businesses both public and private as part of any continuation of assistance. I acknowledge that this information may regard, but is not limited to, payment history, debts, income, employment status, public assistance and legal judgments. The information received by South Brunswick Social Services shall be used only for evaluation for determining my/our request and/or continuation of assistance, and shall not be disclosed to others except as may be required by law. This permission shall remain in effect for one year from the date signed below. A copy of this form showing my/our signature may be relied upon to release information.

Signature

Date

Signature

Date

AUTHORIZATION TO RELEASE INFORMATION FOR SCHOOL AGE CHILDREN

In order to provide services for families with school age children, we often reach out to those schools your child attends as well as other local community agencies.

By signing this document, you are giving us written consent to share pertinent information between such agencies on an as needed basis. These agencies will be held to the same level of confidentiality as the South Brunswick Social Services Department. This permission shall remain in effect for one year from the date signed below.

PLEASE LIST THE NAMES OF YOUR CHILDREN AND THE SCHOOL THAT EACH ONE ATTENDS BELOW:	
Name:	School:
Name:	School:
Name:	School:
Name:	School:
Name:	School:
Name:	School:

Signature

Date

Signature

Date