

Society of Samaritans

Client Application

Full Name: (as it appears on ID card)

First Name/primer nombre

Middle Name / Segundo nombre

Last Name/Apelido nombre

Application Date/Fecha: _____

Have you been to SOS before? /A estado usted aqui antes? Yes/Si No

Date of Birth /Fecha de Nacimiento

Social Security No. / Num de seguro social

Are You The Head of Household? Yes/Si No

Is Your Household Headed By a Female? Yes/Si No

Referred by: _____

Primary Language: English Espanol

Primary Phone: _____

Email Address: _____

Home Address: Street: _____ Apt/Unit #: _____

City/Ciudad State County / Condado Zip /Codigo Posal

Employment Status:

- Employed
- Retired
- Unemployed If unemployed, is this due to lack of transportation? Yes No
- Unemployed and registered with TWC (need to provide proof)

Marital Status: (check only one)

- Married Widowed
- Single Domestic Partner
- Separated Common Law
- Divorced

Gender: (Check only one)

- Female
- Male
- Other

Are you a Veteran?

- Yes
- No

Are you Hispanic? (Check one)

- Hispanic
- Non -Hispanic

What Race Are You? (Check only one)

- White/Caucasian Black/African American
- Asian Hawaiian or Pacific Island
- American Indian/Alaskan Native & White
- African American & American Indian

- American Indian/Alaskan Native
- African American & White
- Asian & White
- Multi-Racial or Other

Are you Homeless? Yes No

If Homeless, are you living with Family or Friends? Yes No

Are you Disabled? Yes No

Are you Wheel Chair Bound? Yes No

Church Preference: _____

I confirm that the above information is accurate and true.

Signed: _____ Date: _____

HOUSEHOLD INCOME SECTION: (Gross Monthly Amounts)

This section is income for the entire household. For every member of the household that has income:

Household Member Name		Employer/ Income Source Name	Monthly Income Amt:	Social Security	Supplemental Social Security (SSI)	Disability Social Security (SDI)
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
Family Aid	Veteran's Pension	Other Pension	Child Support Income		Unemployment	
\$	\$	\$	\$		\$	
Other Income Source:			Amount:	\$	Total Monthly Income:	\$
					Total Annual Income	\$

HOUSEHOLD EXPENSE SECTION: (Monthly Amounts)

This section is expenses for the entire household.

Rent/Mortgage: _____ Electricity: _____ Water/Trash: _____ Gas/Propane: _____
 Car Payments: _____ Gasoline: _____ Telephone & Cell: _____ Internet: _____
 Cable/Satellite: _____ Life Insurance: _____ HouRental Insurance: _____ Car Insurance: _____
 Medical Insurance: _____ Food: _____ Furniture/Appliance Payments: _____
 Credit Card Payments: _____ Medical: _____ Daycare/Baby Sitter: _____ Washateria: _____
 Child Support: _____ Loan: _____
 Other Description: _____ Other Amount: _____

ADDITIONAL HOUSEHOLD MEMBERS

Please complete for every person living in the same Household (family and friends)

Household Member Name (as it appears on photo id)

First *Middle* *Last*

Date of Birth: _____ Age: _____ Social Security Number: _____

Relationship _____ Primary Language _____ Marital Status _____ Gender? _____ Veteran? _____ Homeless? _____ Disabled? _____

Employed Status:

- Employed
- Retired
- Unemployed If unemployed, is this due to lack of transportation? Yes No
- Unemployed and registered with TWC (need to provide proof)

Hispanic? (check one) Yes No

Race: (check only one)

- White African American American Indian/Alaskan Native
- Asian Hawaiian/Pacific Islander African American & White
- American Indian/Alaskan Native & White Asian & White
- African American & American Indian/Alaskan Native Multi-Racial or Other

Household Member Name (as it appears on photo id)

First *Middle* *Last*

Date of Birth: _____ Age: _____ Social Security Number: _____

Relationship _____ Primary Language _____ Marital Status _____ Gender? _____ Veteran? _____ Homeless? _____ Disabled? _____

Employed Status:

- Employed
- Retired
- Unemployed If unemployed, is this due to lack of transportation? Yes No
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