

# Randolph Area Christian Assistance Program

Service Requested:  Food     Rent     Utilities     Prescriptions

<b>Name:</b>	<b>Date of Birth</b>	
<b>Address:</b>	<b>Phone #</b>	
<b>City/Zip code:</b>	<b>How long at Present address?</b>	
<b>Social Security #</b>		
<b>Employed? Yes or No (circle one)</b>	<b>Employer Phone #</b>	
<b>Spouse or Roommate (Circle one)</b>	<b>Name of spouse or roommate:</b>	
<b>Social Security #</b>	<b>Date of Birth</b>	
<b>Employed? Yes or No (circle one)</b>	<b>Employer Phone #</b>	
<b>TOTAL Number in Household</b>	<b># of Adults:</b>	<b># of children:</b>
<b>List all members in household</b>		
<b>Name</b>	<b>Relationship to you</b>	<b>Age</b>
<b>Monthly Income</b>		<b>Monthly Expenses</b>
<b>Wages:</b>	<b>Rent:</b>	
<b>Receiving WIC?</b>	<b>Electric:</b>	
<b>Social Security income:</b>	<b>Water:</b>	
<b>SSI:</b>	<b>Gas:</b>	
<b>Child Support:</b>	<b>Medical:</b>	
<b>Unemployment:</b>	<b>Phone:</b>	
<b>Food stamp:</b>	<b>Food:</b>	
<b>Misc:</b>	<b>Misc:</b>	
<b>TOTAL INCOME:</b>	<b>TOTAL EXPENSES:</b>	
<i>How did you hear about RACAP?</i>	<b><u>RACAP@ATT.NET</u></b>	
Client signature	Date	RACAP Rep signature                      Date

See Back for Page 2

Some food and non food items have been donated or purchased from outside agencies. RACAP accepts no responsibility for the condition or content of items given. Check all items carefully before consumption and use.

Briefly state the crisis of what you are in need of and why you are in the present situation:

---

---

---

---

**AUTHORIZATION:** I agree that Randolph Area Christian Assistance Program may request and/or release any or all information and/or records used in assisting me. I understand such information may be shared among personnel representing other agencies and institutions. I further agree that anyone representing RACAP shall be free from all legal responsibility that may arise from the solution of my concerns and needs. I fully understand that emergency assistance provided is on a one-time basis only.

**FEDERAL PRIVACY ACT STATEMENT**

**USE:** The Randolph Area Christian Assistance Program (RACAP) collects information on applicants who request public assistance. This information may be requested and disclosed to and from various country, state and federal agencies. As an applicant, you are protected by the Privacy Act without authorization.

**PUBLIC ACCESS:** Summaries of applicant data are available to the public. Disclosure of information about individuals and families is restricted by the Privacy Act.

**THE FOLLOWING CERTIFICATIONS ARE REQUESTED:** I/We certify that the information given to RACAP on household composition, income, net family assets, etc. are accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information may be punishable under Federal law.

**I/We also understand that false statements or information are grounds for termination of any and all assistance.**

\_\_\_\_\_  
Signature of head of household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of spouse or Roommate

\_\_\_\_\_  
Date