

G.R.A.C.E. Application for Assistance 2022

THIS FORM MUST INCLUDE EVERYONE IN THE HOUSEHOLD

G.R.A.C.E. ONLY SERVES THE ROLLA, NEWBURG, AND EDGAR SPRINGS SCHOOL DISTRICTS

Required Documents: (573) 368-5577

- Social Security Card for EVERYONE in the household (NO EXCEPTIONS)
- Photo ID of the Head Client on the file
- Proof of Address (ex. Lease Agreement, Utility Bill, etc...)

Please list every ADULT in the household

Full Name	Date of Birth	Social Security Number
#1		
#2		
#3		
#4		
#5		

Please list every CHILD in the household (Under the age of 18)

Full Name	Date of Birth	Social Security Number
#6		
#7		
#8		
#9		
#10		
#11		
#12		

Home Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____

Primary Phone #: _____ Secondary Phone #: _____ Message Phone #: _____

When did you last move to Phelps County: _____ Where did you move from: _____

Name of the church you attend: _____ Pastor's Name: _____

Landlord or Mortgage Holder: _____ Phone #: _____

Landlord or Mortgage Holder Address: _____

Primary Vehicle Make: _____ Model: _____ Year: _____ Car Payment: _____

Other Vehicle Make: _____ Model: _____ Year: _____ Car Payment: _____

Other Vehicle Make: _____ Model: _____ Year: _____ Car Payment: _____

Please list all employers for each member of the household:

Client Name	Employer Name	Employer Phone #

DATE: _____ NEW: _____ UPDATE: _____

See Page 2

Please list all regular monthly EXPENSES for the household

Total Rent:	\$	Average Food Cost:	\$
Phone Bill:	\$	Student Loans:	\$
Cable/Satellite TV:	\$	Pay Day Loans:	\$
Vehicle Insurances:	\$	Credit Card #1:	\$
Health Insurances:	\$	Personal Loan :	\$
Average Electric Bill:	\$	Car Payment:	\$
Average Gas (Heating) Bill:	\$	Medical Bills / RX's:	\$
Vehicle Gas (Fuel):	\$	Child Support:	\$
Water/Sewer Bill:	\$	Rent to Own:	\$

Please list all INCOMES to the household

	Adult 1	Adult 2	Adult 3	Adult 4	Adult 5	Child 6	Child 7	Child 8	Child 9	Child 10	Child 11	Child 12
Wages / Frequency												
SS/SSI Disability												
UnEmp/ Workers Comp												
Food Stamps												
Other												
Pensions												
Child Support/ TANF												

Would you be interested in free classes? Y / N Circle one

If so what kind of classes? _____

G.R.A.C.E. INFORMATION RELEASE AND MISSED APPOINTMENT POLICY

Please read carefully and sign below if you accept the terms.

* The undersigned hereby authorizes any source, including but not limited to, churches, governmental agencies and public or private agencies, to disclose and/or release any information they might have, including applications for assistance, proof of debt, or any other records the source might have concerning my affairs, to G.R.A.C.E., and hereby release the source from any liability for such release of information. A copy of this release shall be as effective as the original.

* Additionally, the undersigned agrees to comply with the missed appoint policy. This policy states that if not notified before the incident, any missed appointments will result in a 30 DAY BAN FROM ALL ASSISTANCE from G.R.A.C.E.. This is in order to prevent someone who could of used what you may have been scheduled to receive but failed to do so, thus causing their spot and/or items to be wasted.

Signature: _____ Date: _____ / _____ / **2022**