



Social Security Outreach, Access, & Recovery Program Application

Do you need an interpreter? Yes No Language? _____

Household members – List everyone living in your household, related & unrelated.

Name (First, MI, Last)	Relationship to HH	Gender	Race	Hispanic?	DOB
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Current Address: _____

Street
Apt. #
City
State
Zip Code

Telephone No: _____ Email: _____

Veteran Status Never in the Service Currently in the Service Veteran
Veteran Benefit Status Currently receiving Currently not receiving Never received

Living situation last night:

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Place not meant for habitation (car, storage unit, street, etc.) <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Rental by client, no housing subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Rental by client, with other (non-VASH) housing subsidy <input type="checkbox"/> Jail, prison, or juvenile detention facility | <ul style="list-style-type: none"> <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Permanent housing for formerly homeless persons <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Owned by client, no housing subsidy <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Owned by client, with housing subsidy <input type="checkbox"/> Hospital (non-psychiatric) <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Safe haven <input type="checkbox"/> Other _____ |
|--|--|

Length of living situation in place marked above:

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> One week or less <input type="checkbox"/> More than one week, but less than one month <input type="checkbox"/> One to three months | <ul style="list-style-type: none"> <input type="checkbox"/> More than three months, but less than one year <input type="checkbox"/> One year or longer |
|---|--|

Estimate how much longer you expect to reside there:

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Can't go back <input type="checkbox"/> More than a year <input type="checkbox"/> It's a day-by-day arrangement | <ul style="list-style-type: none"> <input type="checkbox"/> Until shelter/housing is received <input type="checkbox"/> Less than 3 months <input type="checkbox"/> 3 months to a year |
|---|--|

Housing Status (STAFF USE ONLY)

- Literally homeless
- Unstably housed and at risk of losing housing (high risk)
- Imminently losing their housing
- Stably housed

List any Physical/Psychological Disabilities:

Income

GROSS Monthly Amount

Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
TANF (W2 or W2T)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Employment Wages	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
SSDI	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Unemployment Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Pension / Retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Retirement Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Self-employment Wages	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Workers Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
General Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Vet Non-Service Connected Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Vet Service Connected Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Other _____		\$ _____
Other _____		\$ _____

TOTAL \$ _____

NO INCOME - Do you certify that you do not have any income from any source at this time? Yes No

Are you currently in the process of filing for SSI/SSDI? Yes No

If yes, what is the status of your claim?

- Initial Application Filed
- Request for reconsideration denied
- Initial Application was denied
- Request for hearing filed
- Request for reconsideration filed
- Claim denied at hearing

Do you give consent that this agency may share information with other agencies such as, but not limited to, your situation, household demographics, and any questions asked during this assessment in order to provide referral to other services? Yes No

I understand that the information contained on this form is provided voluntarily. The information is true and correct to the best of my knowledge. If I provide any false information, I understand that services may be denied. I understand that completion of this form does not guarantee that I will receive assistance.

Yes No

Signature of Applicant _____

Date: _____