

NETWORK SERVICES FAMILY INTERVIEW

Accepted:

YES Contract Date: ____/____/____,

NO Reason for Denial:_____.

PERSONAL

LAST NAME: _____ FIRST NAME: _____ AGE: _____

STREET ADDRESS: _____ HOW LONG?: _____

CITY: _____ STATE: _____ ZIP: _____

Own Rent – Landlord: _____ Phone#: _____

PREVIOUS STREET ADDRESS: _____ HOW LONG?: _____

CITY: _____ STATE: _____ ZIP: _____

SS#: _____ DL#: _____

MARRIED SINGLE DIVORCED WIDOWED

SPOUSE/ROOMMATE: _____ AGE: _____

CHILDREN

NAME: _____ SEX: _____ AGE: _____

NAME: _____ SEX: _____ AGE: _____

NAME: _____ SEX: _____ AGE: _____

NAME: _____ SEX: _____ AGE: _____

EMPLOYMENT & INCOME

PRESENT EMPLOYER: _____ HOW LONG? _____

ADDRESS: _____ PHONE #: _____

PREVIOUS EMPLOYER: _____ HOW LONG? _____

ADDRESS: _____ PHONE #: _____

SPOUSE EMPLOYER: _____ HOW LONG? _____

BANK: _____ ACCOUNT#: _____

PER MONTH INCOME:

Work	\$
Unemployment	\$
Social Security	\$
VA	\$
DSHS	\$
SSI	\$
Other	\$
Total	\$

FOOD STAMPS:

Amt. Received	\$
Pending	\$
Not Eligible	\$
Other	\$
Total	\$

EXPENSES:

Rent	\$
Electric	\$
Gas	\$
Unpaid Bills	\$
Loans	\$
Traffic Tickets	\$
Car Insurance	\$
Car Pymt	\$
Total	\$

(In order to process correctly, we need copies of past due bills; complete with phone numbers.)

REFERENCES

CASE WORKERS/PASTORS, ETC.

NAME: _____ PHONE#: _____
 NAME: _____ PHONE#: _____
 NAME: _____ PHONE#: _____

OTHER AGENCY INVOLVEMENT

1. AGENCY NAME: _____ PHONE#: _____
 CONTACT: _____ HOW LONG?: _____
2. NAME: _____ PHONE#: _____
 CONTACT: _____ HOW LONG?: _____
3. NAME: _____ PHONE#: _____
 CONTACT: _____ HOW LONG?: _____
4. NAME: _____ PHONE#: _____
 CONTACT: _____ HOW LONG?: _____

How did you hear about Network Services?: _____

What are your needs and the circumstances that have caused it? _____

Would you be interested in Financial Counseling?

Spiritual Counseling?

Skills and/or abilities?: _____

Additional Information: _____

I, the undersigned, give permission to Network Services to access any agency or agent stated above, to provide information to Network Services as needed to process this request. If any part of the above information is found to be incorrect or false, request will be denied.

Signature: _____ Dated: ____ / ____ / ____

Printed Name: _____