

# What is needed to apply for Services offered by the Human Services Component of KCCSI

Please return the items that are checked with the attached case management packet

- PHOTO ID WITH A KANKAKEE COUNTY ADDRESS FOR ALL ADULTS (18 Years of Age or over)
- SOCIAL SECURITY CARDS FOR ALL FAMILY MEMBERS
- INCOME FROM ALL SOURCES FOR ALL FAMILY MEMBERS **For the Past 90 Days** (if any adult does not have income, you must bring in a printout from the unemployment office to verify 0 income).
- Medical card And Printout of Food Stamps
  
- PROOF OF WHY EMERGENCY EXISTS:
  1. 5 day eviction notice (for rent only) *Or*
  2. Court Ordered eviction *Or*
  3. Fire Report *Or*
  4. Code Enforcement Eviction *Or*
  5. Notarized letter from the person you are currently staying with. Must state the reason you must leave. *Or*
  6. Mortgage Arrearage Statement
- Rent Receipts (for the past 3 months)
- Copy of Lease if renting
- Referral (If received from another agency or organization)
  
- Those requesting shelter must also supply**
  1. A current (within 30 day) ALPHA Report
  2. A letter from the Salvation Army listing that you are not eligible for shelter or their funds are unavailable
  
- Those requesting water or sewer assistance must also supply**
  1. Past three months of sewer or water bills
  2. Current shut off notices

Program: Energy \_\_\_\_\_ Human Services X Weatherization \_\_\_\_\_

DATE \_\_\_\_\_

**Head of Household :** Social Security Number: \_\_\_\_\_

Name \_\_\_\_\_  
last first middle Initial

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (815) \_\_\_\_\_ Marital Status \_\_\_\_\_ Primary Language \_\_\_\_\_

Number of Family Members \_\_\_\_\_ Housing Status \_\_\_\_\_ Rent Amount \_\_\_\_\_

Do you receive Food Stamps? \_\_\_\_\_ If yes, amount \_\_\_\_\_ Do you have health insurance?

IS HOH \_\_\_\_\_ farmer \_\_\_\_\_ seasonal farmer \_\_\_\_\_ veteran

**ALL Family Members:**

Social Security Number	Name Last, First	Relation-ship	Date of Birth	Age	Sex	Dis.	Race	Educ. Level	90 day income	Source of Income
		<b>HOH</b>								

TOTAL FAMILY INCOME \_\_\_\_\_

Do/did services provided help you to become self-sufficient? Yes \_\_\_\_\_ No \_\_\_\_\_

Applicant statement: I certify that the information contained in my application is an accurate and complete disclosure of the requested information. I hereby acknowledge that the information relating to determination of my eligibility requires verification and/or documentation, and by my signature I authorize others to release information as may be required for the determination of my eligibility.

Signature of Head of Household: \_\_\_\_\_ Date \_\_\_\_\_

Authorized signature: \_\_\_\_\_ Date \_\_\_\_\_

## 90 Day Income

<b>Source</b>	<b>Amount</b>
<b>Employment</b>	
<b>Pension</b>	
<b>TANF</b>	
<b>Food Stamps</b>	
<b>Social Security</b>	
<b>SSI</b>	
<b>Unemployment</b>	
<b>Child Support</b>	
<b>Other</b>	

### Employment

Are you currently employed Yes\_\_\_\_\_ No\_\_\_\_\_

Please list your last 3 jobs

<b>Employer's Name and Job Title</b>	<b>Employment Dates</b>	<b>Full or Part Time and Pay Rate</b>	<b>Reason for leaving</b>

## Adult Education

Education and Training	Did you complete?	Year, Location	Certificate or Diploma

Are you satisfied with your current education Yes\_\_\_\_\_ No\_\_\_\_\_?

## Transportation

Do you have a current driver's license Yes\_\_\_\_\_ No \_\_\_\_\_?

Do you have a car with insurance Yes\_\_\_\_\_ No\_\_\_\_\_?

Do you use public transportation Yes\_\_\_\_\_ No\_\_\_\_\_?

## Food and Nutrition

Do you use local pantries Yes\_\_\_\_\_ No\_\_\_\_\_?

Are you ever hungry and skip meals Yes\_\_\_\_\_ No\_\_\_\_\_?

## Mental Health

Are you experiencing any problems that counseling or mental health services might help you with Yes\_\_\_\_\_ No\_\_\_\_\_?

## **Substance Abuse**

**Do you use alcohol or drugs Yes\_\_\_\_\_ No\_\_\_\_\_?**

**Would you like information about support groups? Yes\_\_\_\_\_ No\_\_\_\_\_**

## **Shelter**

**Are you currently homeless Yes\_\_\_\_\_ No\_\_\_\_\_?**

**If not homeless:**

**Do you rent own or stay with someone? Please circle the one**

**Is your rent Subsidized Yes \_\_\_\_\_ No\_\_\_\_\_?**

**How much is your rent or mortgage payment? \_\_\_\_\_**

**Do you pay water sewer gas electric Circle all that apply**

**Do you have shut offs on any of the bills? If so, which ones\_\_\_\_\_**

## **Parenting**

**Are any of your children having problems in school Yes\_\_\_\_\_ No\_\_\_\_\_?**

**Do you currently have an open case with DCFS Yes\_\_\_\_\_ No \_\_\_\_\_?**

**Are you experiencing any stress that negatively impacts your family Yes\_\_\_\_\_ No\_\_\_\_\_?**

**Do you need child care to be able to work Yes \_\_\_\_\_ No \_\_\_\_\_ ?**

**If you have child care, how much do you pay? \_\_\_\_\_**

**Community Integration Achievements(mark A in the box)  
or Barriers(Mark B in the box)**

**Please check all that apply**

<b>Have birth certificates for all family members</b>	
<b>Social security cards for all family members</b>	
<b>Are all adults registered to vote</b>	
<b>Are the children up to date on immunizations</b>	
<b>Do the children receive regular medical check ups</b>	
<b>Have you ever been to prison</b>	
<b>Are you on parole or probation</b>	
<b>Do you volunteer in the community</b>	
<b>Are you the primary care giver for a seriously ill family member</b>	

**Please list your Short term (3-6 month) and Long term ( 1 year or more) Goals**

**Short Term:**

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**Long Term:**

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