

**Society of St. Vincent de Paul
Client Information Sheet**

Name: _____ Client #: _____ - _____

Address: _____ City/State: _____ ZIP: _____

Telephone: (____) _____ - _____ Date: _____

Marital Status: (Please check one) Married () Single () Divorced ()

of Adults in Home: _____ Please list Name(s), Age(s) and Relationship:

of Children: _____

- Name/Age: _____ / ____ School: _____
- Name/Age: _____ / ____ School: _____
- Name/Age: _____ / ____ School: _____
- Name/Age: _____ / ____ School: _____

Please state your need(s) today:

Financial Information:

Salary/Week \$ _____
Food Stamps \$ _____
AFDC \$ _____
DES \$ _____
SSI or SSD \$ _____
Other \$ _____

Expenses:

Rent/Month \$ _____
Utilities \$ _____
Medical \$ _____
Food \$ _____
Other \$ _____

Do you live in Kingman: _____ If yes, how long? _____

Do you have a valid driver's license? Yes ___/No ___ State: _____

Please note this information may be shared with other agencies. In order to assist SVdP in helping me, I hereby authorize the Society of St. Vincent de Paul to release information about my situation to other parties and authorize other parties to release information about my situation to the Society of St. Vincent de Paul.

(Signature)

Date: ____/____/____

SOCIETY OF ST.VINCENT de PAUL
OUR LADY OF THE DESERT
7141 W. 11th Street
DOLAN SPRINGS, AZ 86441