



**We Help People That Have Experienced Career Loss
To Restore Their Dignity and Reestablish Their Live**

Are You A Kind Mouse Transitional Family?

We at The Kind Mouse want to assist families within our mission. If you qualify for our food assistance program please contact us. **727-518-5575** or **Info@TheKindMouse.Org**

Vision Provide the dignity of a safety net for local people who are working to transition to prosperity

Mission Statement Our mission is to assist families in transition and their chronically hungry children. No hardworking individual should ever feel despair due to economic hardships beyond their control. Everyone has a right to feel safe and secure in their own homes.
And ... No one should ever go hungry.

Transitional Family Webster’s Definition of Transition: Passage from one state, stage, subject, or place to another: change

What is a Kind Mouse Transitional Family?

A hardworking self-sufficient Middle class family who were victims of the economic change. People who were:

- Current with their mortgage, vehicle & utility payments
- Families with children in extracurricular activities
- Proud people who took care of themselves
- One parent or both parents continuously employed
- Proud people who never asked for financial assistance
- Long term career people finding themselves suddenly unemployed and unemployable
- Small business owners stripped of their small business loans
- Entrepreneurs stalled

After the economy fell the families tried to help themselves by:

- Obtaining 2nd mortgages
- Children taken out of extracurricular activities
- Borrowing from their life insurance policies
- Selling unnecessary items such as boats, jet skis, additional vehicles
- Canceling their health insurance
- Cashing in the 401K’s and IRA’s
- Sold jewelry

Why did they become transitional families? P-R-I-D-E. Too many were too proud to admit there was a problem. When finally they did, it was too late:

- Credit gone
- Savings exhausted
- Too far behind in payments to catch up
- 401-K’s depleted
- No idea what government assisted programs were available

What was unique about their employment prospects?

- Lower paying jobs were already filled
- They were too qualified
- Positions they were qualified for were taken by lower salaried individuals

If you meet our mission kindly fill in the information below. Please use back of application if more room is needed. Valid for 90 Days

TODAY'S DATE: _____

FAMILY:

Last Name of Family _____

Address with Zip Code: _____

Phone: _____ Cell: _____

Email Address: _____

How long have you lived at this address?

_____ Live in: ___ Motel ___ Apartment ___ Rental House ___ Own Home Monthly Rent \$ _____

of Adults In Family _____ Married: Yes _____ No _____ If Yes # of Years: _____

Did you own your own home previously?

If yes for how many years? _____

Home Value: \$ _____

Did you sell your home? _____ Yes or No

Foreclosure? _____ Yes or No

Short Sale? _____ Yes or No

Full Names, Gender, Race and Ages of **Adults** In Home

1 _____	Gender _____	Race _____	Age _____
2 _____	Gender _____	Race _____	Age _____
3 _____	Gender _____	Race _____	Age _____

Full Names, Gender, Race and Ages of **Children** In Home

1 _____	Gender _____	Race: _____	Age: _____
2 _____	Gender _____	Race: _____	Age: _____
3 _____	Gender _____	Race: _____	Age: _____
4 _____	Gender _____	Race: _____	Age: _____
5 _____	Gender _____	Race: _____	Age: _____

How many bedrooms are in your home? _____

How many bathrooms are in your home? _____

How many beds are in your home? _____

Additional Family Members and/or Comments:

GROCERIES:

- How much do you spend weekly on groceries? \$ _____
- How much of this is government subsidized? \$ _____
- Where do you primarily purchase your food? _____
- Do you use coupons? _____
- Who is the primary shopper? _____

COOKING CONDITIONS:

Please check if you have the following in WORKING ORDER!

- ____ Stove
- ____ Oven
- ____ Microwave
- ____ Crock Pot
- ____ Refrigerator _____ Full Size _____ Mini
- ____ Freezer
- ____ Electric Skillet
- ____ B-B-Q

- Who does most of the cooking? _____
- Do you primarily cook prepackaged food? _____ Yes or No
- Do you take your lunch to work? Yes or No
 - ____ Adult #1
 - ____ Adult #2
 - ____ Adult #3
 - ____ Children
- How many meals a week do you eat in restaurants and/or have takeout food?

GOALS:

- How long do you plan to stay at your current residence? _____
- Are you saving money for the future? _____
- Are you receiving counseling? _____ Yes or No
- Are you getting educated in another field? _____ Yes or No

IS THERE ANYTHING ELSE YOU FEEL THE KIND MOUSE NEEDS TO KNOW ABOUT YOUR CURRENT SITUATION TO ASSIST YOU FURTHER:

PETS:

Do you have pets?

of Dogs _____

of Cats _____

List weight, age, breed and brand of food of each pet

Are these pets living with you? _____

Are the pets allowed to stay in your current residence? _____

Do you need temporary housing for your pets? _____

If yes, for how long? _____

Which pets? _____

Where are they now? _____

Do any of your pets have medical issues? _____

Can you verify all shots are up to date? _____

Vet Name: _____

Vet Phone Number: _____

Do your pets get along with other animals? _____

If not, please explain:

Other comments on your pets that we should know about:

EMPLOYMENT HISTORY:

FEMALE ADULT- Each Adult Female to Complete This Section

Are You Currently Working? _____ Annual Family Income: \$ _____

Hours Per Week? _____ Part-Time _____ Full Time _____ Temporary _____

Are You Receiving Benefits? Yes or No:

_____ Heath Insurance _____ 401K or IRA _____ Other _____

_____ Weeks Paid Vacation

Current Employer/Business Name: _____

Contact Person Name: _____ Phone Number: _____

Employer's Address: _____

Military Status: Active _____ Retired _____ Disabled: Yes: _____ No: _____

Do You Receive The Following: Food Stamps _____ TANF _____ Medicare _____ Medicaid _____

Previous Employment: Position _____ Years Employed _____

Did you have ownership in the business: _____ %

Annual Salary: _____

Are You Currently Receiving Benefits? Yes or No:

_____ Heath Insurance

_____ 401K or IRA

Other _____

_____ Weeks Paid Vacation

Not Working Reason - Due To: _____ No Work _____ Position No Longer Necessary _____ Downsizing

_____ Other (Explain) _____

Previous Employer/Business Name: _____

Contact Person Name: _____ Phone Number: _____

Previous Employer's Address: _____

How do you get to work?

_____ Bus _____ Carpool _____ Own Vehicle _____ Make and Model _____

Where are you currently looking for employment?

EMPLOYMENT HISTORY:

MALE ADULT - Each Adult Male to Complete This Section

Are You Currently Working? _____ Annual Family Income: \$ _____

Hours Per Week? _____ Part-Time _____ Full Time _____ Temporary _____

Are You Receiving Benefits? Yes or No:

_____ Heath Insurance _____ 401K or IRA _____ Other _____

_____ Weeks Paid Vacation

Current Employer/Business Name: _____

Contact Person Name: _____ Phone Number: _____

Employer's Address: _____

Military Status: Active _____ Retired _____ Disabled: Yes: _____ No: _____

Do You Receive The Following: Food Stamps _____ TANF _____ Medicare _____ Medicaid _____

Previous Employment: Position _____ Years Employed _____

Did you have ownership in the business: _____ %

Annual Salary: _____

Are You Currently Receiving Benefits? Yes or No:

_____ Heath Insurance

_____ 401K or IRA

Other _____

_____ Weeks Paid Vacation

Not Working Reason - Due To: _____ No Work _____ Position No Longer Necessary _____ Downsizing

_____ Other (Explain) _____

Previous Employer/Business Name: _____

Contact Person Name: _____ Phone Number: _____

Previous Employer's Address: _____

How do you get to work?

_____ Bus _____ Carpool _____ Own Vehicle _____ Make and Model _____

Where are you currently looking for employment?

Please tell us what your goals are for you and your family:

MISC:

- Should you qualify for our program - what will you do with the money you will be saving on food?

- Are you interesting in learning how to improve your current living situation? _____ Yes o No
 - Have you ever been homeless? ____ Yes or No If yes for how long? _____
 - Were your children able to stay with you? ____ Yes or No
- Do you know of other families who could benefit from The Kind Mouse? _____
 - Would you share our information with them? _____ Yes or No
- How did you hear of us?

I agree that any food or tangible goods I receive will be used for my family.

ALL ADULTS ARE RECEIVING FOOD ARE REQUIRED TO VOLUNTEER 4 HOURS MONTHLY IN OUR PANTRY.

Photo and Video Release: All photographs and/or video are the possession of The Kind Mouse Productions, Inc. and can be used for but not limited to advertising, grants, administration, marketing and fund raising purposes. By signing below I grant permission for photographic and video use of all members in my household and family.

I understand an updated application will be required every 3 months.

I understand it is my responsibility to submit the form.

FEMALE ADULT

Name: _____ Signature: _____ Date: _____
Driver's License Number: _____ State: _____

FEMALE ADULT

Name: _____ Signature: _____ Date: _____
Driver's License Number: _____ State: _____

MALE ADULT

Name: _____ Signature: _____ Date: _____
Driver's License Number: _____ State: _____

MALE ADULT

Name: _____ Signature: _____ Date: _____
Driver's License Number: _____ State: _____

We became a 501(C)(3) on May 10th, 2012. The Kind Mouse Productions, Inc. is a 501(c)(3) nonprofit corporation. A copy of the official registration and financial information may be obtained from the Division of Consumer Services by calling toll-free (800) 435-7352 within the State of Florida. Registration does not imply endorsement, approval, or recommendation by the state. Registration #CH36780