

Gerri Mason Family Support Center (GMFSC)

Physical Need(s) Form

NOTE TO PARENT/GUARDIAN/INDIVIDUAL:

- Please complete **ALL** sections of this application, including the signature section on the back side. Incomplete and/or unsigned applications **CANNOT** be processed. **Please use Blue Ink Only.**
- Apply only for children age 17 years and younger who reside in Mineral County, including children who are not yet in school. If a child is school-aged that child must be enrolled in school (Head-start/Pre-K to grade 12) to receive assistance.
- Apply only for children who are in your legal and physical custody only.
- Adults w/o minor children will have to prove need: example: loss of job, COVID related issues, homelessness, house fire (other situational conditions are at the discretion of the GMFSC).
- Must provide a physical address, we do **NOT** accept P.O. Box as primary address. If homeless, please specify.
- You must provide proof of earned/unearned income i.e., check stub or any assistance (TANF, Food Stamps, etc.) collected by applicant. **\$0 listed as income is not acceptable.**
- **All applicants MUST be referred (school/child care center/church, self, etc.).**
- **All completed applications are subject to further request of information by the GMFSC.**

PARENT/GUARDIAN NAME _____

PHYSICAL ADDRESS _____

CITY _____ STATE _____ ZIP _____

Please provide two phone numbers. If your application is approved, you will be contacted by telephone. **If your contact information changes it is your responsibility to update GMFSC at 304-788-9099.**

(1) PHONE NUMBER (_____) _____ - _____ Whose Number? _____

(2) PHONE NUMBER (_____) _____ - _____ Whose Number? _____

Please report monthly gross income for all members of your household, even if not a family member. (For example, if you live with your grandparents, include your grandparents' income.)

EARNED INCOME FROM WORKING (before taxes) \$ _____ / month

UNEARNED INCOME (SSI, UCI, Food stamps, etc.) \$ _____ / month

TOTAL NUMBER OF PEOPLE LIVING IN YOUR HOME _____ ADULTS _____ CHILDREN

CHILDREN CURRENTLY IN YOUR LEGAL/PHYSICAL CUSTODY (Age 0-17 years <u>and</u> in school if school-aged)						
CHILD FIRST NAME	CHILD LAST NAME	M/F	DATE OF BIRTH	SCHOOL	GRADE	PO # (WTC Use Only)

PLEASE COMPLETE REVERSE SIDE OF THE APPLICATION.
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

HAVE YOU RECEIVED GMFSC PHYSICAL ASSISTANCE IN THE PAST? ____ Yes ____ No

IF SO, WHEN? _____

Reminder: The applicant must be referred. All information provided must be true and the applicant understands the decision of acceptance is at the full discretion of the GMFSC.

Please Note: Due to a lack of funding or product, the GMFSC may not be able to provide assistance to all families that apply. If your application is approved, you will be contacted by telephone. Your patience is appreciated.

RELEASE OF CONFIDENTIAL APPLICANT AND RECIPIENT INFORMATION

I, _____, do hereby consent to the release of the
(parent/guardian/individual name, please print)

following confidential information by the West Virginia Department of Health and Human Resources Department:

- Income and household composition and this completed application to the GMFSC

I authorize the release of this information to the following person(s) only:

- Mineral County Family Resource Network (Umbrella Agency)
- Gerri Mason Family Support Center

Furthermore, I authorize the use of this information for the following purpose only:

- Eligibility for GMFSC Assistance

I understand that I am waiving any applicable state and/or federal confidentiality rights that I may possess. I understand that additional information may be requested, i.e. proof of residency, custody, income, etc.

I also understand that the misuse of this information by any person(s) may be punishable by state and/or federal law.

APPLICANT SIGNATURE

DATE

Are you interested in learning more about resources in your community? Yes _____ No _____

If so, please share your email to stay in the know: _____

www.mineralcountyfrn.org