



Our Lady of Angles Conference – St. Vincent de Paul Society Client Intake Form

Updated: August 20, 2020

Name and Contact Information: (Please print information.)

First Name	Middle Name	Last Name

Date of Birth: (MM/DD/YYYY)	Gender: Male / Female	Are you a Parishioner at OLA? Yes / No
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Street Address:
City/State/Zip:

Home Phone:	Cell Phone:
Email Address:	Occupation:

Marital Status:

Single / Married / Separated / Divorced / Widowed

Household Members:

Name:	Relationship: Child / Mother / Father / Spouse / Grandchild
Gender:	DOB:

Name:	Relationship: Child / Mother / Father / Spouse / Grandchild
Gender:	DOB:

Name:	Relationship: Child / Mother / Father / Spouse / Grandchild
Gender:	DOB:

Name:	Relationship: Child / Mother / Father / Spouse / Grandchild
Gender:	DOB:

Name:	Relationship: Child / Mother / Father / Spouse / Grandchild
Gender:	DOB:

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Gender:	DOB:

Name:	Relationship: Child / Mother / Father / Spouse / Grandchild
Gender:	DOB:

Eligibility Requirements for Assistance: (Clients must identify any assistance they are currently receiving and/or their circumstances of why they have a need to receive assistance from St. Vincent de Paul.)

Type of Eligibility	Description
Medicaid	
Supplemental Nutrition Assistance Program (SNAP)	
Temporary Assistance for Needy Families Program	
Living in Section (8) housing	
Qualifying for Pell Grant, Federal Supplemental Educational Opportunity, Federal Work-Study Programs	
Significant loss of reduction of income, loss of employment, or health related issues.	
Emergency circumstances	

Client Signature: (Sign and date form for submission to Our Lady of Angels Conference, St. Vincent de Paul Society.)

Name

Date

SVDP Processing Only:

SVdP Signature: _____

SVDP Card Number: _____

Date SVDP Card Issued: _____