



# Gerri Mason Family Support Center (GMFSC) Agency Referral Form



**NOTE TO PARENT/GUARDIAN/HEAD OF HOUSEHOLD:**

- 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 **families with 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. Children 18-21 may qualify if still enrolled in Mineral County Schools.
- Apply for children who are in your legal and physical custody only.
- 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 meet the income guidelines (at or below 300% of the Federal Poverty Level per DHHR).**
- **All applicants MUST be referred (school, childcare center, church, self, etc.).**
- **All completed applications are subject to further request of information by the GMFSC.**

**Income Guidelines**

# of Persons	Monthly Gross Income (before taxes)
1	\$ 3,645
2	\$ 4,930
3	\$ 6,215
4	\$ 7,500
5	\$ 8,785
6	\$10,070
7	\$11,355
8	\$12,640
9	\$13,925
10	\$15,210
Each Additional	+\$1,287

**Contact the GMFSC w/ Questions:**

304-790-6250  
mincofsc@gmail.com  
251 ½ W. Piedmont St.

**Agencies, please remember that self-referral is an option for our programs, so individuals can contact us directly. If doing an agency referral, please be time sensitive in gathering and delivering the referral form to the GMFSC by emailing, faxing, or dropping off the form. Traditional mail is not ideal and delays the process.**

**The GMFSC assists families by offering physical needs, connections with resources, family events, education, visitation space, and other services.  
We do not pay bills or provide transportation.**

**AGENCY INFORMATION**

REFERRAL AGENCY \_\_\_\_\_ AGENCY REP. \_\_\_\_\_

AGENCY REP. PHONE # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ AGENCY REP. EMAIL \_\_\_\_\_

**APPLICANT INFORMATION**

HEAD OF HOUSEHOLD NAME \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First MI Last

PHYSICAL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NUMBER OF CHILDREN IN THE HOME: \_\_\_\_\_ NUMBER OF ADULTS IN THE HOME: \_\_\_\_\_

Please provide two phone numbers and an email. If your application is approved, you will be contacted by telephone. **If your contact information changes, it is your responsibility to update GMFSC at 304-790-6250.**

(1) PHONE # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Whose #? \_\_\_\_\_ Best Time? \_\_\_\_\_

(2) PHONE # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Whose #? \_\_\_\_\_ Best Time? \_\_\_\_\_

(3) EMAIL: \_\_\_\_\_ Whose Email? \_\_\_\_\_

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

Short Explanation of Needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reminder:** The applicant must be referred (school, childcare center, church, self, etc.). 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.

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### **RELEASE OF CONFIDENTIAL APPLICANT AND RECIPIENT INFORMATION**

I, \_\_\_\_\_, do hereby consent to the release of the  
(printed head of household/parent or guardian name)  
following confidential information by \_\_\_\_\_ agency.  
(printed name of agency, school, childcare center, church, etc.)

- My name, phone number, address, and children's names and ages.
- Identified needs, income, and all other pertinent information in relation to my family's need(s).

I authorize the release of this information to the following agencies 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:

- Support through the GMFSC for the betterment of my family (self, children, home, etc.)

I understand that I am waiving any applicable state and/or federal confidentiality rights that I may possess.

I understand that additional paperwork is required and additional information may be requested, i.e. proof of residency, custody, income, etc.

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

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AGENCY REP. SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
GMFSC DIRECTOR

\_\_\_\_\_  
DATE

To expedite GMFSC assistance, all referrals should be sent in as follows:

- Emailed to [mincofsc@gmail.com](mailto:mincofsc@gmail.com)
- Faxed to 304-790-7919
- Dropped off at the FRN Complex  
251 ½ W. Piedmont St.  
Keyser, WV 26726