

Open Door Mission
Emergency Clothing Program

Date: _____

Name of Applicant: _____
(First) (Middle Initial) (Last)

Street Address: _____ City _____ State _____ Zip _____

SS#: _____ Phone: _____ Email Address: _____

Marital Status: (circle one) Married Single Divorced

Number in Household: _____ Adults: _____ Children: _____ Seniors: _____

List names of children:

1. _____ Birth Date: _____

2. _____ Birth Date: _____

3. _____ Birth Date: _____

4. _____ Birth Date: _____

5. _____ Birth Date: _____

6. _____ Birth Date: _____

7. _____ Birth Date: _____

Referred by: _____ Date of Prior Services: _____

Public Assistance: (circle one) Yes No

If yes, list type of assistance currently receiving: _____

Annual Household Income:

- Employment: \$ _____
- DSS: \$ _____
- SSI: \$ _____
- WIC: \$ _____
- Food Stamps: _____

Annual Expenses:

- Rent/Mortgage: \$ _____
- Utilities: \$ _____
- Telephone: \$ _____
- Other: \$ _____

Explain Reason for Need/ Current Situation:

Mission Staff Approval Signature: _____

Title: _____ Date: _____