

**KNOX COUNTY UNMET NEEDS COMMITTEE**

**Casework Checklist & Application\***

**√ (Verification as deemed appropriate for the situation)**

|  |  |
| --- | --- |
|  | ***A*ll other possible avenues of agency assistance have been explored before being considered by the Unmet Needs committee** |
|  | ***Verification* of name, age & income of each person in household** |
|  | ***Verification* of assets, i.e., savings, car, house, etc.** |
|  | ***Verification* of payments due, i.e., rent, utilities, etc.** |
|  | **Review of expenses for last thirty days** |
|  | **Review of amounts owed on budget sheet (food, entertainment,****and other miscellaneous expenses can be estimated)** |
|  | **Attachment of copy of bill(s) being considered for payment** |
|  | **Completion of Client History (page 2) in order to give background****and validation for request** |
|  | **Attachment of 2 estimates for any auto or home repair requests and****proof of license, insurance and registration** |
|  | **Completion of Release of Information with signature of both client and caseworker** |
|  | **Physician’s letter (when appropriate)** |
|  | ***Verification* that client has exhausted all other traditional avenues****of assistance through member agencies** |

*\*The Unmet Needs Casework Application should be filled out by the caseworker and* never by the client*. The caseworker completing the application is then expected to be the person who presents the case to the committee and notifies the client when a determination is made.*

If the case is continued for further clarification the caseworker will be responsible to returning to the next meeting with the information requested or make contact with the Co-Chairman.

**Caseworker Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_**

Draft 6/2019 CASE NUMBER\_\_\_\_\_\_\_\_\_\_\_\_

 DATE PRESENTED\_\_\_\_\_\_\_\_\_\_\_\_

# **KNOX COUNTY UNMET NEEDS COMMITTEE**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***S.S.N. ON FILE***

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEX: \_\_\_\_M\_\_\_\_F

MARITAL STATUS: \_\_\_\_SINGLE\_\_\_\_MARRIED\_\_\_\_DIVORCED\_\_\_\_WIDOWED \_\_\_\_SEPARATED

BRANCH OF SERVICE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ACTIVE DUTY \_\_\_\_VETERAN

### ***PRESENTING AGENCY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CASEWORKER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

(***Please complete agency information in full on Release of Information - Page 4****)*

**All members residing in household:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  **Name** |  **Relationship** |  **D.O.B.** |  **Age** |  **Income** |  **Student** |
|  |  |  |  |  Y N |  Y N |
|  |  |  |  |  Y N |  Y N |
|  |  |  |  |  Y N |  Y N |
|  |  |  |  |  Y N |  Y N |
|  |  |  |  |  Y N |  Y N |
|  |  |  |  |  Y N |  Y N |

**Request:** (Please be specific about client’s immediate need and include the total funds requested. Prioritize needs if more than one.)

**Total Household Income** (list name, source(s) and monthly amount):

Name Source Gross Monthly Amount

## ***Determination: Funded \_\_\_\_\_\_ Denied \_\_\_\_\_ Continued \_\_\_\_\_\_ Referred \_\_\_\_\_\_***

***Pledges made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### ***Committee funds pledged: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Total Household Assets** (list name, source(s) and automobile(s) year, brand & value)

Name Source Amount

**Housing Status:** \_\_\_\_Own \_\_\_\_Rent \_\_\_\_Homeless \_\_\_\_Shelter \_\_\_\_Other

**Landlord Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Benefits:** Food Stamps: Y\_\_N\_\_ Medical Card: Y\_\_N\_\_ WIC: Y\_\_N\_\_

Other:

List other organizations which have been ***asked*** or have ***provided*** assistance:

|  |  |  |
| --- | --- | --- |
|  **Date** |  **Agency/Organization** |  **Amount** |
|  |  |  |
|  |  |  |
|  |  |  |

Referred to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Client history/contact information:*** (Provide dates, reasons for contact, any pertinent history which will help committee understand current need. Please be specific, concise and objective)

|  |
| --- |
|  |

##### **HOUSEHOLD BUDGET SHEET**

 ***Current* *Delinquent Amount***

**Home:** Rent/Mortgage Payment $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Taxes $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Insurance $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Utilities:** Electric $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Gas $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Water $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cable/Internet $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Garbage $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Transportation:** Vehicle Payment **$\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Gasoline $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Insurance $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child Care:** Day Care Cost $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Food:** Groceries $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Household Items (including personal) $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Eating out $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health:** Clinic/Physician $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Hospital $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Medical Supplies $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Prescriptions $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Health Insurance $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Life Insurance $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education:** Books/Supplies $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Tuition $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Student Loans $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 School lunches $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other:** Clothing $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Union Dues $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Charitable Donations $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Recreation $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Licenses $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Child Support $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Luxuries (tobacco, alcohol) $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Personal loans (family, friends) $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Pet Care $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Installment Payments:** Credit Cards $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Furniture $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Payday Loans $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Court fines/fees $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL MONTHLY EXPENSES $\_\_\_\_\_\_\_\_\_\_\_

GROSS MONTHLY INCOME $\_\_\_\_\_\_\_\_\_\_\_

NET MONTHLY INCOME $\_\_\_\_\_\_\_\_\_\_\_

FOOD STAMP AMOUNT $\_\_\_\_\_\_\_\_\_\_\_

TOTAL INCOME $\_\_\_\_\_\_\_\_\_\_\_

BALANCE REMAINING $\_\_\_\_\_\_\_\_\_\_\_

##### **RELEASE OF INFORMATION**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize release of relevant information

 (Name of client)

By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the express purpose of providing assistance for my needs.

 (**Organization, Agency**)

In addition, I hereby authorize the release of any other information by, and between the Knox County Committee for Unmet Needs Members listed below. I understand that I may revoke or rescind this authorization in writing at any time, except to the extent that action has been taken on this information.

I understand that this information is needed for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Short description of requested benefit)

This release of information is valid for ***one year*** from signature date. I understand that refusal to sign this release may result in denial of assistance by the Knox County Committee for Unmet Needs.

I understand that I may inspect and copy any written correspondence released to the above party. A photocopy of this authorizations shall be full effective and is valid for all purposes as the original hereof.

I acknowledge that if data to be released includes information about my alcohol or drug abuse treatment that it is protected by Federal Law 42 CFR part 2. My signature authorized release of the above information only to members of the Knox County Committee for Unmet Needs. I understand that the above information cannot be released to a third party without my written permission.

***The Knox County Committee for Unmet Needs complies with the Civil Rights Act of 1964 and with all other federal, state and local laws that safeguard civil rights.***

 **X**

Present Address Signature

Caseworker completing application Agency/Organization

Minor Date

***Knox County Committee for Unmet Needs Membership includes, but is not limited to:***

Big Brothers Big Sisters of Knox County, CCHN, CUSD205, First United Methodist Church of Galesburg, Galesburg Office of General Assistance, Goodwill Industries, Knox County Housing Authority, NAACP Galesburg, OSF, ROE33, Red Cross, Salvation Army of Galesburg, St. Vincent DePaul Society of Galesburg, The Forgotten Initiative, and United Way of Knox County

Other(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_