

HELP CENTER CASE SHEET



A Henderson County
United Way Agency



Date Opened _____ Worker _____

Client Info

Last _____ First _____ D.O.B. _____

Soc. Sec.# _____ / _____ / _____ Driver's License# _____

Address _____

City _____ State _____ Zip _____ County _____

Home# _____ Cell# _____

Employer _____ Date Started _____

Marital Status _____ Race _____ Church _____

Email address: _____

Spouse Info

Last _____ First _____ D.O.B. _____

Soc. Sec.# _____ / _____ / _____ Driver's License# _____

Employer _____ Date Started _____

Number in Household _____

Name _____ Age _____ Date of Birth: _____ School / Work _____

Name _____ Age _____ Date of Birth: _____ School / Work _____

Name _____ Age _____ Date of Birth: _____ School / Work _____

Name _____ Age _____ Date of Birth: _____ School / Work _____

Expenses

Housing	\$ _____	Employment	\$ _____
Electric	\$ _____	Spouse	\$ _____
Gas	\$ _____	Soc. Sec.	\$ _____
Water	\$ _____	S.S.I.	\$ _____
Car	\$ _____	Food Stamps	\$ _____
Medical	\$ _____	V.A./AFDC	\$ _____
Daycare	\$ _____	Child Support	\$ _____
Food	\$ _____	Other	\$ _____
Other	\$ _____	Total	\$ _____
Total	\$ _____	Difference of	\$ _____

Household Income Sources

OFFICE USE: PENDING

Company: _____

Cut off / Due date: _____

Amount owed: _____

Client MUST pay: _____

Before Help Center can pledge

OFFICE USE ONLY

Company: _____

Account Number: _____

Client paid: _____

Confirmation Number: _____

Help Center Pledged: _____

Date Pledge Faxed: _____

Amount

Funder

HENDERSON COUNTY HELP CENTER

Name _____ Date _____ .

Please state your current position so that we may further assist you based on your needs.

Signature: _____

CLIENT PERMISSION FORM

807 N. Palestine St. Athens, Texas 75751

Phone: (903) 675-4357

Fax: (903) 675-4710

I/We _____, of

Print Name(s)

Henderson County, Texas, Hereby authorize the Henderson County HELP Center, hereinafter referred to as the Help Line to investigate the case sheet information given during my/our interview for assistance. This information is strictly confidential but may be shared with other Resource Agencies by the Help Line for the purpose of obtaining assistance, or finding an appropriate referral. Failure to sign this agreement may result in denial of assistance or referrals. It is also fully understood that there is no guarantee of assistance .

IF THE HELP CENTER DOES NOT HEAR FROM THE CLIENT WITHIN 5 DAYS THEY WILL CLOSE THE CASE.

y llama al centro de ayuda con una prueba de numero de la confirmacion del pago.
si el centro do ayuda no escuchar al cliente en 5 dias van a cerrar el caso.

Signature: _____

Date: _____

Signature: _____

Date: _____

