

City: _____ County: _____

Needs, Inc - - 900 Central Ave -- Cheyenne, WY 82007 -- 307.632.4132

Client ID#	First Name			Middle Name	Date:	
Last Name	City			Zip Code	Other Name Used	
Address	State WY	Race - circle one		Primary Phone Number		
Marital Status - circle one	Asian		African American	Hispanic	Native American	White
Single	Married	Divorced	Widowed	Separated	Other	

PLEASE PROVIDE PROOF OF INCOME (PAYSTUB, UNEMPLOYMENT AWARD, SOCIAL SECURITY OR VA AWARD LETTER, CHILD SUPPORT PRINTOUT)

Employment - list how many hours (Circle one) Full time Part time Unemployed Student

Employer Name _____ Date Hired _____

Last day worked _____

Are you Active Duty Yes \ No _____ Are you a veteran Yes \ No _____

Branch _____ Rank _____

Do you or any member of your household receive any of the following - list the amount

SNAP _____ Housing assistance _____ WIC _____ CHA Utility Allowance _____ TANF _____

List ALL household members											
Name	Gender	Last 4 SSN	Disabled, if yes list type	DOB	Age	Race	Relationship	List Income From (Source)	Amount	Students ONLY School Attending	Students ONLY Current Grade
	M \ F						SELF				
	M \ F										
	M \ F										
	M \ F										
	M \ F										
	M \ F										
	M \ F										
	M \ F										
	M \ F										
	M \ F										

How may Needs, Inc help you?

Food _____ Clothing _____ Household Items _____ School Supplies _____

I, _____ do hereby grant permission to Needs, Inc to obtain an share the information I have provided for the purpose of determining eligibility for assistance, with service providing agencies located in Laramie County. These agencies include private, government, religious, and charitable groups. This agreement is in effect for one year following the date of this application for services from Needs, Inc. and may be revoked in part or entirely at any time by contacting Needs, Inc. A photocopy of this authorization is as authentic as the original statements or release. The original will be retained with client records.

Client Signature _____	Date _____
Intake Worker(Witness) _____	Date _____

Time: _____ Income Verified by: _____
New Client: _____ Recertification Date: _____
Prior Client: _____ Referred By: _____
Photo ID (type): _____ Referred To: _____
State: _____ Box Received: _____

Yellow Service Card
Pink Service Card

Hours: _____
Wage: _____

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