

HELP CENTER CASE SHEET



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: _____

