

**The Resource Center – Community Care of Wells County (Revision F 07-25-2022)**

Case Name: \_\_\_\_\_ Interview Date: \_\_\_\_\_ Interviewers: \_\_\_\_\_ / \_\_\_\_\_

Full Name: \_\_\_\_\_  
 Maiden Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Photo ID: \_\_\_\_\_  
 SS Number: XXX-XX- \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Monthly Income: \_\_\_\_\_  
 Employed/Disability/Retirement/Unemployment/None  
 Employer: \_\_\_\_\_  
 Hourly Rate: \_\_\_\_\_ Hours/Week \_\_\_\_\_

Full Name: \_\_\_\_\_  
 Maiden Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Photo ID: \_\_\_\_\_  
 SS Number: XXX-XX- \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Monthly Income: \_\_\_\_\_  
 Employed/Disability/Retirement/Unemployment/None  
 Employer: \_\_\_\_\_  
 Hourly Rate: \_\_\_\_\_ Hours/Week \_\_\_\_\_

Current Address: \_\_\_\_\_ Years / Months: \_\_\_\_\_ / \_\_\_\_\_  
 Rent / Mortgage  
 (Circle One) Landlord / Company: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Amount: \$ \_\_\_\_\_ Month/Week  
 Do you have an eviction notice or owe back rent: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Years / Months: \_\_\_\_\_ / \_\_\_\_\_

**Dependents & Other Adults Residing at the Above Address**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**Employment History**

Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_

Hourly Wage/Salary \_\_\_\_\_ Hours/Week \_\_\_\_\_

Employer: \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_

Hourly Wage/Salary \_\_\_\_\_ Hours/Week \_\_\_\_\_

Employer: \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_

Hourly Wage/Salary \_\_\_\_\_ Hours/Week \_\_\_\_\_

Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_

Hourly Wage/Salary \_\_\_\_\_ Hours/Week \_\_\_\_\_

Employer: \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_

Hourly Wage/Salary \_\_\_\_\_ Hours/Week \_\_\_\_\_

Employer: \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_

Hourly Wage/Salary \_\_\_\_\_ Hours/Week \_\_\_\_\_

Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_

Hourly Wage/Salary \_\_\_\_\_ Hours/Week \_\_\_\_\_

Employer: \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_

Hourly Wage/Salary \_\_\_\_\_ Hours/Week \_\_\_\_\_

Employer: \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_

Hourly Wage/Salary \_\_\_\_\_ Hours/Week \_\_\_\_\_

**Disability**

Name: \_\_\_\_\_

Short Term / Long Term Disability

How Long: \_\_\_\_\_

Type of Disability: \_\_\_\_\_

Have you applied for SSD: Yes / No Status: \_\_\_\_\_

Name: \_\_\_\_\_

Short Term / Long Term Disability

How Long: \_\_\_\_\_

Type of Disability: \_\_\_\_\_

Have you applied for SSD: Yes / No Status: \_\_\_\_\_

Name: \_\_\_\_\_

Short Term / Long Term Disability

How Long: \_\_\_\_\_

Type of Disability: \_\_\_\_\_

Have you applied for SSD: Yes / No Status: \_\_\_\_\_

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**Do you attend church: Yes / No**

Where: \_\_\_\_\_ How Long: \_\_\_\_\_

Have you asked for assistance from the church where you attend: Yes / No

*If no, then explain why:* \_\_\_\_\_

When: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Amount: \_\_\_\_\_ Purpose: \_\_\_\_\_

When: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Amount: \_\_\_\_\_ Purpose: \_\_\_\_\_

When: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Amount: \_\_\_\_\_ Purpose: \_\_\_\_\_

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Please list the type(s) of assistance(s) you are requesting: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Disconnect/Eviction Date: \_\_\_\_\_ Regular Due Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Number: \_\_\_\_\_ Name on the Account: \_\_\_\_\_

Account/Service Address: \_\_\_\_\_

Company Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Disconnect/Eviction Date: \_\_\_\_\_ Regular Due Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Number: \_\_\_\_\_ Name on the Account: \_\_\_\_\_

Account/Service Address: \_\_\_\_\_

Company Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Disconnect/Eviction Date: \_\_\_\_\_ Regular Due Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Number: \_\_\_\_\_ Name on the Account: \_\_\_\_\_

Account/Service Address: \_\_\_\_\_

**Please list the churches that you have contacted for assistance:**

Church: \_\_\_\_\_ Date: \_\_\_\_\_

Helped? Yes / No      Amount: \_\_\_\_\_ Purpose: \_\_\_\_\_

Church: \_\_\_\_\_ Date: \_\_\_\_\_

Helped? Yes / No      Amount: \_\_\_\_\_ Purpose: \_\_\_\_\_

Church: \_\_\_\_\_ Date: \_\_\_\_\_

Helped? Yes / No      Amount: \_\_\_\_\_ Purpose: \_\_\_\_\_

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**Please list the social service organizations/agencies that you have contacted for assistance:**

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Helped? Yes / No      Amount: \_\_\_\_\_ Purpose: \_\_\_\_\_

Referred: Yes / No

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Helped? Yes / No      Amount: \_\_\_\_\_ Purpose: \_\_\_\_\_

Referred: Yes / No

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Helped? Yes / No      Amount: \_\_\_\_\_ Purpose: \_\_\_\_\_

Referred: Yes / No

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Helped? Yes / No      Amount: \_\_\_\_\_ Purpose: \_\_\_\_\_

Referred: Yes / No

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Helped? Yes / No      Amount: \_\_\_\_\_ Purpose: \_\_\_\_\_

Referred: Yes / No

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Helped? Yes / No      Amount: \_\_\_\_\_ Purpose: \_\_\_\_\_

Referred: Yes / No

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