

**MOBILE**

# Collect Cash Benefits Today

## Community Social-Health Center Program Plan Service Request

**IMPORTANT:** Complete Your Service Request and return to your community organizational host for subsequent delivery or return yourself to Helping Hands Coalition, Monday-Wednesday-Friday, between 12:00 pm and 1:00 pm at 4590 Hwy 101 N, P.O. Box 1296, Florence, OR 97439



**If You Have An Emergency, Call 911 Immediately. If You Or Someone You Know Needs Suicide or Mental Health Related Crisis Support, Call 988.**

### Tell Us About You

**Todays Date:** \_\_\_\_\_ **Current Time:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Currently Housed:**  Y  N **If no, state monthly duration in W. Lane Co:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Current Age:** \_\_\_\_\_ **Gender:**  M  F  X

**Marriage Status:**  Married  Single  Widow(ed)  Divorced  Life Partner  Other \_\_\_\_\_

**Veteran:**  Y  N **Branch of Service:** \_\_\_\_\_

**Race/Ethnicity:**  White  Latino  African American  Asian  Native American  Other: \_\_\_\_\_

**First Time Applied:**  Y  N **How did you hear about us:**  Agency Referral  Organization  Radio  
 Newspaper  Friend  Internet  Client  Social Media  Other \_\_\_\_\_

### Tell Us About Your Situation

**Language Spoken:**  English  Spanish  Other \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Currently Working:**  Y  N **If no, are your willing to work:**  Y  N

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

**Have Birth Certificate:**  Y  N **Have Government Photo ID:**  Y  N

**Health Insur Active:**  Y  N **Carrier:**  OHP  Medicare  Other \_\_\_\_\_

**Disabled:**  Y  N **Describe Disability:** \_\_\_\_\_

**Income Source:**  Self  Employee  Retirement  SSI  SSID  TANF  Other: \_\_\_\_\_

**Monthly Income:** \$ \_\_\_\_\_ **Monthly Debt Pymts:** \$ \_\_\_\_\_

**Debt Type:**  Mortgage  Loan  Credit Card  Other: \_\_\_\_\_

**HS Graduate or GED:**  Y  N **If no, are you willing to get GED or other education:**  Y  N

**Top 3 Social Health Needs:** 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**NOTICE TO APPLICANT:** Helping Hands Coalition (HHC) is a public charity that provides third-party program referrals and assistance services in attaining third-party social-health programs for applicants. HHC does not own, operate or administer third-party programs offered. HHC services are free of charge, and it makes reasonable efforts to render assistance in good faith as quickly as possible. HHC relies on the accuracy and completeness of the applicant's requested information to facilitate HHC service. Accordingly, the applicant agrees and authorizes HHC to release personal confidential information received from you and from your Program Plan Service Request to third-party program vendors to facilitate enrollment to third-party social-health programs. HHC makes no representation, guarantee, or warranty, express or implied, and hereby disclaims all implied warranties, including any warranty of the third-party program's fitness, benefit, capacity, eligibility, or duration for a particular purpose. Helping Hands Coalition shall not be held liable for any damages, losses, or injuries caused in whole or in part by their services rendered.

**Full Name (Print):** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**INSTRUCTIONS:** To indicate your severity level for the eleven program categories below, mark an **X** over the numbered square, 1 for easy and 5 for severe. Then, from the available program list below, circle your choice of program among each of the eleven program categories. When completed, deliver this program request to your community organization host, or to Helping Hands Coalition program advisor for processing.

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5		
Circle Your Choice	Health Behaviors	PRGs
1	Tobacco Use	1
2	Diet & Exercise	1
4	Sexual Activity	1
5	Worship	1
6	Coping Skills	1
⑦	Personal Money Mgmt	1

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5		
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Circle Your Choice	Food	PRGs
1	Help Pay for Food	15
2	Emergency Food	20
3	Food Delivery	10
4	Food Pantry	18
5	Meals	17
6	Nutrition Education	26

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5		
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Circle Your Choice	Housing & Transit	PRGs
1	Help Pay for Housing	81
2	Pay for Transit	41
3	Help Find Housing	18
4	Residential Housing	29
5	Housing Advise	18
6	Transportation	24
7	Temporary Shelter	13
8	Maintenance & Repairs	18
9	Florence Emergency Cold Weather Shelter	1

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5		
Circle Your Choice	Money	PRGs
1	Financial Assistance	571
2	Financial Education	76
3	Tax Preparation	2
4	Insurance	15
5	Government Benefits	131
6	Loans	11

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5		
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Circle Your Choice	Education	PRGs
1	Pay for School	79
2	Find Schools	5
3	Preschool	5
4	Skills & Training	108
5	Screening & Exams	21
6	More Education	406

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5		
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Circle Your Choice	Legal	PRGs
1	Translation & Interpretation	14
2	Representation	15
3	Mediation	5
4	Advocacy & Legal Aid	155
5	Notary	2

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5		
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Circle Your Choice	Health	PRGs
1	Pay for Healthcare	283
2	Medical Care	397
3	Dental Care	17
4	Vision Care	15
5	Addiction & Recovery	93
6	Mental Health Care	244
7	Health Education	276
8	End of Life Care	63
9	Sexual & Repro. Health	34

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5		
Circle Your Choice	Relational	PRGs
1	Counseling	116
2	Family	27
3	Mentoring & Support	634
4	End of Life Care	82
5	Spiritual Support	13

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5		
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Circle Your Choice	Goods	PRGs
1	Baby Supplies	22
2	Medical Supplies	112
3	Home Goods	35
4	Clothing	33
5	Toys & Gifts	34
6	Personal Safety	9

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5		
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Circle Your Choice	Care	PRGs
1	Daytime Care	54
2	Adoption & Foster Care	9
3	Residential Care	38
4	Computer Support Services	124
5	Physical Safety	76
6	Navigating the System	366
7	Animal Welfare	35
8	Support Network	846

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 5		
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Circle Your Choice	Work	PRGs
1	Pay for Work Expenses	9
2	Find Work	54
3	Workplace Rights	10
4	Supported Employment	11
5	Skill & Training	108



**Helping Hands  
Coalition**

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