



**Community
Resource
Center**
OF TETON VALLEY

1420 N. Highway 33, Suite 204
PO Box 1519
Driggs, ID 83422
208.354.0870 - info@crctv.org

Application for Services

First Name: _____ **M.I.:** _____ **Last Name:** _____

Date of Birth: _____ **Gender:** _____

Spouse's Name: _____

Preferred Phone Number(s): _____

Is this a safe number to call? Yes No **Is this a safe number to leave a message?** Yes No

Would you accept texts for scheduling? Yes No

Email Address: _____

Physical Address: _____

Mailing Address: _____

Race/Ethnicity (circle all): Hispanic/Latino White Black/African-American
 Amer. Indian Asian Prefer Not to Answer Other: _____

Marital Status (circle): Single Living w/ Partner Married Separated Divorced Widowed

Family Type (circle): Single adult Couple without children Single adult with child(ren) Couple with child(ren)

Highest Level of Education (circle) 0-8th Grade Some High School High School Grad/GED
 Some 2- or 4-Year College 2-4 Year College Grad Graduate School

Do you identify as a person with a disability? Yes No

If so, do any of these conditions keep you from working? Yes No

Are you (circle all): a veteran? a student? pregnant?

What languages other than English are spoken at home? _____

Is this your preferred language? Yes No



Health Insurance (circle all) Medicaid Medicare Employer Your Health ID None

Emergency Contact: _____

His/Her Phone Number: _____ Relation: _____

How long have you lived in Teton County, ID? _____

How did you hear about the CRCTV? _____

Circle which agencies/organizations you are receiving or have received assistance from:

Teton County, ID

- | | | |
|----------------------------|--------------------------------------|-------------------------------|
| Family Safety Network | Teton Valley Mental Health Coalition | ID Dept of Health and Welfare |
| Teton Valley Food Pantry | Teton Valley Hospital | Subs for Santa |
| Fall River Helping Hands | Local Religious Institution | Law enforcement |
| EICAP in Idaho Falls | Head Start | Hispanic Resource Center |
| Seniors West of the Tetons | ID Housing and Finance Association | |

Other: _____

Teton County, WY

- | | | | |
|---|-------------------------------|--|-----------------------|
| Community Entry Services | Climb WY | Police or Sheriff | Teton Literacy Center |
| Community Safety Network | Senior Center | The Mission | Curran-Seeley |
| Community Counseling Center/Private Counselor | Department of Family Services | Teton Youth and Family Services/Hirschfield Center | One22 |
| Hospital or Home Health | Local Religious Institution | | |

Other: _____



Employment History

Current Employer: _____ Supervisor: _____

Phone Number: _____ Location: _____

Length of Employment: _____

Past Employer: _____ Supervisor: _____

Reason for Leaving: _____

Length of Employment: _____

Spouse/Significant Other:

Current Employer: _____ Supervisor: _____

Phone Number: _____ Location: _____

Length of Employment: _____

Income and Expenses

Monthly Total Household Income and Source:

Bank Name: _____

Checking Account Balance: _____ Savings Account Balance: _____

Monthly Wages: _____ SSI/SSDI: _____ Child Support: _____

Unemployment: _____ WIC: _____ Food Stamps: _____

Other: _____



Monthly Household Expenses:

Mortgage/Rent: _____ Utilities: _____ Phone: _____

Cable/Internet: _____ Food: _____ Credit Cards: _____

Child Support: _____ Child Care: _____ Car Insurance _____

Other Insurance: _____ Transportation/Gasoline _____

Other: _____

Vehicle Information:

Year: _____ Payment: _____

Make: _____ Model: _____

Year: _____ Payment: _____

Make: _____ Model: _____

Housing & Household

Housing (circle all): Rent Own Camp Sleep in my car

 Staying with a friend/family member Staying with an acquaintance Homeless

Do any of the following apply to you? (circle) Not paying other bills in order to pay rent Eating less or skipping meals to pay rent

Experiencing rental or credit problems Being threatened with eviction Multiple unwanted moves (more than 1 per year) Doubling up with friends or family



Landlord or Lender:

Name: _____ Telephone: _____

Address: _____

Household Members:

Name: _____ Birthday: _____ Relationship: _____

Name: _____ Birthday: _____ Relationship: _____

Name: _____ Birthday: _____ Relationship: _____

Name: _____ Birthday: _____ Relationship: _____

Name: _____ Birthday: _____ Relationship: _____

Name: _____ Birthday: _____ Relationship: _____

Name: _____ Birthday: _____ Relationship: _____

Name: _____ Birthday: _____ Relationship: _____

Briefly describe your current situation:



What is your specific request from CRCTV?

What is your plan to get through this situation? What steps have you taken so far?

References

List two references who can attest to your situation.

Name: _____ **Phone:** _____ **Relationship:** _____

Name: _____ **Phone:** _____ **Relationship:** _____



Confidentiality Statement and Consent to Release Confidential Information

I hereby state that the aforementioned is a complete and accurate representation of my situation.

I understand that the Community Resource Center of Teton Valley (CRCTV) has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow CRCTV to release some of my personal information to certain individuals or agencies. I understand that the CRCTV is required by law to report this information to the police if there is evidence of the abuse or neglect of a child, an older adult, or other vulnerable parties; if I present a danger to myself or to others; or if there is a court order that requires disclosure of the information.

I, _____, born _____, authorize CRCTV to release any information pertaining to me to the agencies/persons indicated below, and I also authorize the indicated sources to release information/documentation regarding my case to the CRCTV (please provide specific names, as needed):

Name:	_____	Number	_____	Relation:	_____
Name:	_____	Number	_____	Relation:	_____
Name:	_____	Number	_____	Relation:	_____

The duration of this authorization is for one year after the termination of my case. I understand that I may revoke this consent at any time by notifying the facility in writing or orally, except to the extent that action has already been taken in reliance on my consent. A photocopy of this authorization is to be considered as valid as the original document.

I understand that organizations and individuals that are not listed above may be contacted, but that only my general situation and no personal information will be shared with these entities unless I am applying to receive financial assistance of any kind. If I am applying for financial assistance, I understand that CRCTV may need to speak to relevant agencies and individuals to seek out what resources might be available, to assess which community resources have already been used by me, and to inform those resources of the use of CRCTV funds to prevent duplication of services.

I understand that assistance rendered may not be solely monetary and authorize advocacy on my behalf. I understand that a committee makes the decision as to any assistance that I may receive from CRCTV and CRCTV intake agents do not have authority to, or capacity of, making immediate assistance available.

I have read the disclosure that appears above, I understand what I have read, and by my own will and with full knowledge I sign this document.

Signature

Date

Witness Signature

Date