

INDEPENDENT LIVING PROGRAM APPLICATION

APPLICANT INFORMATION

Name:

Date of birth:

Age:

SSN:

-

-

Phone #:

Gender:

Race/ Ethnicity: ☐ African American ☐ Caucasian ☐ Hispanic ☐ Other:

Current address:

Please Circle One: KCDC HUD SECT8 SHELTER OTHER

City:

State:

ZIP Code:

Own Rent

(Please circle)

Monthly rental payment:

County:

Names and Ages of Adults in the Household:

Names and Ages of Children in the Household:

EMPLOYMENT/ STUDENT INFORMATION

Current employer or Educational Institution:

Volunteer Location (if applicable):

How long?

Position:

Hourly Salary (please circle)

Monthly Income:

INSURANCE/INCOME INFORMATION

Insurance Status: ☐ TNCARE ☐ Safety net ☐ Medicare ☐ Private Insurance ☐ No Insurance

SSDI: \$

SSI: \$

Medicare: \$

Work/Mo: \$

Unemployment: \$

SNAP ASSISTANCE: \$

Families First: \$

Other Adult Income (INCLUDING CHILD SUPPORT; PLEASE EXPLAIN): \$

Do you have a payee? ☐ Yes ☐ No

MENTAL HEALTH INFORMATION

Agency:

Services Received:

Duration of Treatment:

Last Appointment:

Service Provider:

Phone #:

Health Link Coordinator:

Phone #:

Location:

REQUEST FOR ASSISTANCE

Assistance needed for: ☐ Utilities ☐ Rent/Deposit ☐ Glasses ☐ Dentures ☐ Bus Pass (Peninsula clients only)

Name of Utility Company if Assistance with Utilities:

Name of Property if Assistance with Rent/Deposit:

Amount of Assistance Needed: \$

Plan for Next Payment:

SIGNATURES

*I authorize the verification of the information provided on this form is correct to the best of my knowledge. I understand that I have 90 days to provide all required documents from the sign date or this application will be voided.

Signature of Client/Guardian:

Date:

Signature of ILP Coordinator:

Date: