



## LGBTQ+ EMERGENCY FUNDS INTAKE FORM

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Rent  Own  House  Apartment

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ E-mail \_\_\_\_\_

What is your primary language?  English  Spanish  Creole  Other \_\_\_\_\_ Marital Status \_\_\_\_\_

Date of Birth \_\_\_\_\_ Disabled?: Hearing  Vision  Other

Your Race \_\_\_\_\_ Ethnicity \_\_\_\_\_ HIV:  Yes  No AIDS:  Yes  No  Prefer not to disclose

Are you: U.S. Citizen?  Yes  No

Do you have health insurance/Medicare/Medicaid?  Yes  No

Spouse's/Partner Name \_\_\_\_\_

Number of persons in household (incl. yourself) \_\_\_\_\_ Number of children under 18 in household \_\_\_\_\_

Emergency contact name and phone number: \_\_\_\_\_

Domestic Violence Victim?  Yes  No Veteran (incl. the Reserves or National Guard)?  Yes  No

Is any member of your household a veteran (including the Reserves or National Guard)?  Yes  No

Are you the widow/widower of a veteran?  Yes  No

Are you the caretaker of a minor child whose parent is a deceased veteran or active serviceperson?  Yes  No

Are you employed?  Yes  No

Who is your employer \_\_\_\_\_ Address \_\_\_\_\_

Are you a Collier County Resident for the past 6 months or more  Yes  No

**DEMOGRAPHICS – This section is voluntary and is used for reporting purposes only. Reports are presented only with demographic information and absolutely no client identifiers. The information will not be used for a discriminatory purpose.**

Gender Identity:  Female  Male  Trans M-F  Trans F-M  Questioning  Non-Conforming  Prefer not to Answer

Sexual Orientation:  Heterosexual  Lesbian  Gay  Bisexual  Questioning  Queer/Pansexual/Omnisexual/Fluid

Additional identity not listed, please specify: \_\_\_\_\_  Prefer not to Answer

List your full name as shown on Legal Documents: \_\_\_\_\_

How would you like us to address you: \_\_\_\_\_

	Weekly	Bi-Weekly	Monthly
Your GROSS salary or self employment income (before taxes or deductions are taken out):			
Other Household Members' GROSS income			
Child Support / Alimony			
Unemployment Compensation / Workers Compensation			
Social Security / SSI			
VA / Retirement / Pension			
Other Income (including contributions from family, friends, cash gifts)			

Do you anticipate a significant change in your income in the near future?  Yes  No Explain: \_\_\_\_\_

I need help concerning: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>My immediate needs include:</b>	
Food	
Transportation	
Housing	
Medical	
Employment	
Legal services	
Other	

**PLEASE READ AND SIGN**

The information I have given on this application is TRUE AND CORRECT to the best of my knowledge. I have read the above policies and agree to apply for emergency funds. I understand that after receiving the funds I am committing to provide a testimonial regarding how the funds help me.

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