



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

Time: \_\_\_\_\_

Case Number: \_\_\_\_\_

Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Race: \_\_\_\_\_ White \_\_\_\_\_ African American \_\_\_\_\_ Asian

\_\_\_\_\_ American Indian \_\_\_\_\_ Pacific Islander

Ethnicity: \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ Non-Hispanic/Latino

**Names of everyone in household and ages:**

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

**Total number in household:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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

**Township:** \_\_\_\_\_

**Current Employer:** \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_

**Total Household Income Resources (include all that apply):**

Employment: \$ \_\_\_\_\_

Unemployment: \$ \_\_\_\_\_

Retirement: \$ \_\_\_\_\_

Housing Assistance: \$ \_\_\_\_\_

Child Support: \$ \_\_\_\_\_

SSA: \$ \_\_\_\_\_

SSI: \$ \_\_\_\_\_

Disability: \$ \_\_\_\_\_

Medicaid: \$ \_\_\_\_\_

WIC: \$ \_\_\_\_\_

Food Stamps: \$ \_\_\_\_\_

Pensions: \$ \_\_\_\_\_

Annuities: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Total income: \$ \_\_\_\_\_ (monthly / yearly)



Case Number: \_\_\_\_\_

Why are you asking for assistance?

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What service do you need assistance paying for?

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Landlord name/contact information (if rent):

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Have you used Link to Hope before? Yes / No

If yes, when? \_\_\_\_\_

Who referred you to us / how did you find us?

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Have you been to your township trustee? Yes / No

What is your church affiliation? \_\_\_\_\_

Are you open to budgeting / household management classes? Yes / No

Will you seek assistance from other agencies? Yes / No

Is there anything else you would like us to know?

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**\*Please attach a copy of your photo ID, lease, or utility bill if possible / applicable\***

I agree to let this information be share with other agencies that might be able to assist me.

The information provided is true to the best of my knowledge.

x \_\_\_\_\_ Date: \_\_\_\_\_

**\*Notes for office use only\***



Phone: 574-941-2273  
PO BOX 221  
Plymouth, IN 46563

**Understanding to Receive Charity Benefit**

I, \_\_\_\_\_ (printed name), understand that in receiving these charity benefits, I  
have exhausted these resources for the \_\_\_\_\_ calendar year.

**Signature of Client:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**Signature of Link to Hope Rep:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

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**\*For Office Use Only\***

Case Number:

Address and Phone Number of Client:

All names client goes by:

What was these monies used for:

Other notes: