



NWICC Community Care - Application for Temporary Assistance



Basic Information

Date: _____

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip code: _____ County: _____ Age: _____

Phone: (Cell) _____ (Home) _____

(Work) _____ Email: _____

Do you live at this address? _____ if not, where are you living: _____

Are you: Married Single Widowed Separated Legally-Divorced

How did you hear about NWICC Community Care? _____

Have you applied to NWICC Community Care in the past? _____ When? _____

Please list the people living in your home, include family, roommates or anyone else that lives in your house. Be sure to list spouse first. If you are married, but your spouse is not in the house, you must still list them:

Name	Age	Relationship to Applicant

Employed: Yes or No.

If Yes, what is your position: _____



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If you are unemployed, how long have you been unemployed: _____
(further proof may be required if unemployed for more than 9 months)

Do you receive any type of assistance through the county or public agency? (Public assistance could include, MFIP, DWP, EBT/Food Stamps, Refugee Cash Assistance, Child Care Assistance, Housing, Medical Assistance, Social Security, etc.) _____

If so, what do you receive? _____

County and State: _____ Case # _____

Have you received any assistance that recently ended? _____

If so, when did it end and why?

Please explain your need in detail:

Income and Expenses-include proof of income for every adult in your household

Type of Income	Amount	How often?	Expense	Amount

Remember, include proof of: County assistance approval or denial letter. Income & Expenses (paystubs, lease, utility bills, etc.) Emergency Need (State of Minnesota Photo ID or Driver' License)



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Thank you for filling out the application. Here is some important information you need to know about your application:

- Applying with NWICC Community Care is **not a guarantee** that we can help you financially, or that your application will be approved.
- NWICC Community Care is funded only by donations and supported entirely by a volunteer workforce. We often cannot help you with all of your financial needs.
- We will review your application and let you know if you are approved or not or if additional information is needed to process your application.
- If we do not have the information or documents required to process your application, we will not be able to financially assist you. Before we can review your application, please remember to provide us with the following documents:

_____ Copy of State of Minnesota Photo ID or Driver's License

_____ Letter of approval or denied letter for county emergency assistance

_____ Proof of income for past 30 days (paystubs, disability statement, unemployment statement) if you have no income, we need a written, signed, and dated Statement from you on how you have been providing for yourself since you lost income.

I acknowledge that I have read the information provided above, which is true to the best of my knowledge and understanding:

Applicant's Signature: _____ Date: _____

Printed Name: _____