



EBLEN CHARITIES GENERAL & MEDICAL INTAKE PROCESS

- 1) Applicant will provide a copy of their ID card.
 - 2) Applicant will complete the client intake form in full.
Refer to bottom of client intake form for all documents required when applying for assistance.
 - 3) Applicant will provide documentation of income received in the past month (paystubs, SSA/SSDI/SSI award letters, child support agreements, alimony agreements, retirement/annuity payments, etc.)
- *If there is no income, applicant will need to complete the Attestation for No Income form.

Once ALL documentation is received, then a request for assistance will be considered complete and an interview will need to be completed. (3 phone call attempts will be made over 3 working day period. If no contact, the request will be closed, and the process will have to start all over.)



CLIENT INTAKE FORM

Name **Date**

Street Address

City **State** **Zip**

Email

Phone Number **Date of Birth** **Number of persons in residence**

Veteran (circle one)? YES NO **Medicaid (circle one)?** YES NO

Crisis/Reason for Assistance

Please provide the following with each request: copy of applicant ID, income verification for past month

For utility requests: hard copy of utility bill, CIP/LIEAP award letters for heating/cooling assistance

For rental requests: hard copy of lease agreement, rent ledger, rental assistance form, BC DHHS ERA award letter

For mortgage requests: hard copy of current mortgage statement (MUST be delinquent), BC DHHS ERA award letter



Self-Attestation for No Income

I _____ certify that I have not been employed or self-employed (earned income), completed any odd jobs, or had any other source of income (SSA/SSDI/SSI, child support, retirement income) etc.

Income last received:

On (date) _____ for the amount of \$_____

From (individual/company name) _____

*****ATTESTATION*****

I attest that the above statement about myself, which relates to my eligibility for assistance, is true and correct to the best of my knowledge.

Applicant Signature

Date

Eblen Employee Signature

Date