



Norwich Human Services

Norwich City Hall

100 Broadway, Room 212 - Norwich, CT 06360

860-823-3778 hsreception@cityofnorwich.org

Application for Assistance

INTAKE FORM 2021

What type of assistance are you in need of?

Today's date Birth Name

Preferred name: Pronouns: Date of Birth:

Race: White Black Asian American Indian Other: Hispanic: Y N

US citizen? Yes No Perm Resident? Yes No Undocumented? Yes No Country of Origin

Gender: M F Trans Non-binary/Fluid Other Email

Social Security # Tel.# Cell Phone #:

Current address:

How long at this address? Landlord Name: Phone:

Your previous address (Include City/State/Zip)

How long have you lived in Norwich? Do You Have Renters Insurance? Y / N \$

Reason(s) for moving to Norwich: (please circle all that apply) Job Housing Family Completed Substance Abuse Treatment Casino Other:

Have you received an eviction notice? Y / N When?

Have you received a utility shut-off notice? Did you get energy assistance? Y / N

Why are you in need of assistance? Describe how you lost income due to COVID 19:

What was your source of income before the virus? Amount/month \$

What is your current source of income? Amount/month \$

Have you incurred funeral expenses due to COVID 19? Y / N

Do you need information on the COVID 19 vaccine? Y / N

Are you a member of a Tribal Nation? Y / N

Have you applied for Unite CT? Y / N App #:

Do you need Internet Assistance? Y / N Current WIFI Provider?

~Please list ALL members of your household, including non-related roommates~

Name Age DOB Relationship

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Marital Status: Single Married Divorced Widowed Seperated Civil Union

Are you working with the Dept. of Children & Families in any way? Y / N

Do you have a child who is a high school junior or senior? Y / N

Do you have leagal guardianship of children who are are not yours? Y / N

MEDICAL HISTORY

Do you or anyone in your family have a serious medical condition? yes ___ no _____

If yes, please explain: _____

What are your primary medical concerns/issues? _____

Do you have a: Drug/Alcohol problem _____ Gambling problem _____ Mental Health Concerns _____

Have you been in a drug/alcohol rehabilitation program? _____ If yes, where? _____

Have you received mental health services? _____ If yes, where? _____

Are you still in treatment? Yes ___ no ___ Length: _____ Interested? _____

Do you have Medical Insurance? **Y / N** Access / Husky? A B C D ID # _____

Education/Employment History

What is your level of education?

High School/Incomplete High School/GED College Trade/Vocational Graduate/Advanced Degree

Do you have an arrest record? **Y / N** Charge/Year: _____

Financial Information

Please include monthly income for **ALL MEMBERS OF HOUSEHOLD**

MONTHLY HOUSEHOLD INCOME		HOUSEHOLD MONTHLY BILLS / EXPENSES		Amount Behind
Employment:	\$	Rent/Mortgage:	\$	\$
UCOMP:	\$	Utilities/Fuel	\$	\$
Social Security (SSA):	\$	Food:	\$	\$
SSI / SSDI:	\$	Telephone:	\$	\$
SAGA Cash:	\$	WIFI/Cable:	\$	\$
State Supplement:	\$	Auto Payment:	\$	\$
Child Support:	\$	Auto Insurance:	\$	\$
WIC:	\$	Childcare:	\$	\$
TFA/TANF:	\$	Child support	\$	\$
Food Stamps:	\$	Other:	\$	\$
VA Benefits:	\$	Credit Card(s):	\$	\$
Pension:	\$	Rent-A-Center:	\$	\$
Other:		Cigarette/Tobacco:	\$	\$
			\$	\$
TOTAL:	\$	TOTAL:	\$	\$

Stimulus Check received? **Y / N** Amount received? \$

Income tax refund received? **Y / N** Amount received? \$

Child Tax Credit received? **Y / N** Amount received? \$

Emergency Contact Information

Name _____

Phone Number _____

Address _____

City _____ State _____ Zip Code _____

Signature: _____

Date: _____

Date: _____

Name: _____

Phone: _____

Assistance Narrative

What type of assistance do you need (circle all that apply)?	Rent	Utilities	Other
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Please complete this form to the best of your ability. Your case will be reviewed and if you fit the criteria for assistance, we will contact you for additional information. If you do not fit the criteria we will send you a letter notifying you. All applicants may not qualify for assistance.

Please describe the circumstances that led you to fall behind: _____

What steps have been taken, or will be taken, to ensure that you will be able to afford your bills going forward: _____

Please indicate the amount of money received from your income tax return this year:

\$ _____ Please indicate how those funds were spent: _____

Total household monthly income: \$ _____

Monthly Rent: \$ _____ Amt. behind \$ _____

Monthly Utility* Bill: \$ _____ Amt. behind \$ _____

Monthly Car Payment: \$ _____ Amt. behind \$ _____

**Please provide your NPU Payment History, a current bill, and a payment plan agreement, if applicable.*