

Moms Help Organization™

Helping Moms to be the best Moms they can be!

11471 West Sample Road, #24

Coral Springs, FL 33065

www.momshelp.org

Application for Assistance

Welcome to the Moms Help Organization. We help moms in need by providing supplies for mother and baby, daycare subsidies, food allowances, crisis intervention, emergency utility bill coverage and emergency cash assistance. We can also provide information about several other helpful services in this community.

There are several steps that must be completed in order to apply for assistance from the Moms Help Organization. **Note:** If you need help filling out this application, please email help@momshelp.org and someone will contact you shortly.

- 1 Fill out as much of this application as you can, sign it, and return it to the Moms Help Organization office.
- 2 You will be scheduled for an interview with a Moms Help advisor who will go over this completed application with you.
- 3 You are required to bring or send proof of identification (if mailed) to your interview. You will be notified if it is necessary for you to bring or send additional items.

After your interview, the Moms Help Organization will issue a Determination of Benefits indicating what services we will provide for your situation. While the Moms Help Organization makes every attempt to meet the needs of our clients, there are times when we are unable to provide all of the services requested at that time. If we are unable to provide services for

you, we will inform you as quickly as possible and make every effort to refer you to other possible resources in this community. We want to get you help as quickly as possible, so please answer the following questions and return this application to our office.

Applicant Information

Name (Last, First, Middle)		Home Telephone Number (Include Area Code)	
Mailing Address (No. and Street)			
City	State	Zip	
Email address:			
Other Phone Number where you can be reached (Include Area Code)		Are you currently living at the address listed above? Yes No, please provide an additional address where you can be contacted.	
Additional Address (if applicable) No. and Street			
City	State	Zip	Your date of birth
Identification #1:	Identification #2	Vehicle Information? Tag #	Insurance Information:
Are you pregnant? If Yes, what is your due date?	Number of Children	Ages of Children	
Number of children you are caring for	Number of children currently living with you	Are any of your children currently enrolled in daycare?	
How did you hear about us?			

Statement of Need

In your own words, please list your immediate needs in order of importance. (If you need more space, please write on the back of this page.)

Personal References We will check your references during the application process. Please list three personal references that we can contact.

Reference #1: Name		How long have you known this person?	
Address		City	
State	Zip	Phone	Additional Phone Number
Reference #2: Name		How long have you known this person?	
Address		City	
State	Zip	Phone	Additional Phone Number
Reference #3: Name		How long have you known this person?	
Address		City	
State	Zip	Phone	Additional Phone Number

Are you currently employed? No Yes, if yes please provide employer information below:

Name of Employer		Address of Employer	
City	State	Zip	
Your title/grade		Supervisor's Name	
Start Date	Hours worked per week	Phone Number	
If employed in current position for less than 1 year, please list previous employer information			
Name of Employer		Address of Employer	
City	State	Zip	
Your title/grade		Supervisor's Name	
Start Date	Hours worked per week	Phone Number	

Information you provide in this application is subject to verification. Any falsification of information on this application will immediately make you ineligible to receive benefits and/or immediately terminate any benefits you may have received. Your signature below authorizes release of requested information. Your signature also indicates that you agree that information provided in this application may be used to determine eligibility for yourself and your children for any program administered by the Moms Help Organization.

Signature / Date : _____

****Don't forget to initial each page of this application in the spaces provided on the bottom right of each page.****

Please Note: If you are submitting this application via the Internet, your "digital signature" will be accepted as an authentic signature for you and you will be bound by the same agreement as stated above.

Authorization to Release Information

I authorize The Moms Help Organization, Inc. to obtain information about me from my previous employers, personal references, schools, and credit sources.

I authorize my previous employers, personal references, schools and credit sources to disclose such information about me as The Moms Help Organization, Inc. may request.

I authorize my previous employers, personal references, schools, and credit sources to candidly disclose to The Moms Help Organization, Inc. all facts and opinions concerning my work performance, attendance, payment history and/or account information. **Please also enclose a copy of your government issued picture ID (Driver License or State ID or Current Passport).**

Date: _____

Printed Name: _____

Address: _____

Signature: _____

