



WELCOME TO SHE WILL FOUNDATION

Date: _____

1. Please give the following information about yourself.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____ Gender: Female _____ Male _____

How long have you lived in Bell County? _____

2. Do you have a caseworker at Texas Department of Family and Protective Service (DFPS)?

Please check one: Yes _____ No _____ If Yes Name & Phone # _____

3. Please check any assistance that you are receiving:

_____ DISABILITY _____ MEDICAID

_____ SSI _____ TANF

_____ FOOD STAMPS BENEFITS (SNAP) _____ AFFORDABLE CARE ACT

_____ VA BENEFITS _____ STAR

_____ OTHER (please specify) _____

4. Please give the following information about your family.

Family Consists Of:

_____ 2 Parents with Minor Children _____ Single Parent- Male
_____ Single Parent- Female _____ Couple without Minor Child(ren)
_____ Single Person _____ Grandparent with Minor Child(ren)
_____ Relative with Minor Child(ren)

5. # of People in the Home:

Adult Name: _____ Relationship: _____

Adult Name: _____ Relationship: _____

Adult Name: _____ Relationship: _____

Child's Name: _____ DOB: _____ School: _____

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Child's Name: _____ DOB: _____ School: _____

Child's Name: _____ DOB: _____ School: _____

6. Race:

_____ African American _____ Native American
_____ Asian _____ Bi- Racial
_____ Caucasian _____ Other (please specify)
_____ Hispanic

7. Employment Status:

_____ Employed _____ Underemployed
_____ Unemployed (Looking) _____ Unemployed (Not Looking)

8. What is your total income? _____

9. Number of Hours Worked Weekly:

_____ 0 _____ 1- 10
_____ 11-20 _____ 21- 40
_____ 41-60 _____ Over 60

10. Type of Housing:

_____ Single Family Home- Own/ Buying _____ Apartment
_____ Single Family Home- Rent _____ Mobile Home- Own/Buying
_____ Mobile Home- Rent _____ Homeless
_____ Other: _____ _____ Subsidized (Public Housing, Sect. 8)

11. Family Transportation:

_____ Own Car _____ Public Transportation
_____ Friend/ Relative _____ None
_____ Other _____

12. What is your level of education?

_____ K- 6 grade _____ 7- 8 grade
_____ 9- 12 grade _____ High School Graduate
_____ Vocational _____ GED
_____ Some College _____ College Graduate

13. Do you have any safety concerns that you would like to discuss with a SHE Will Representative?

Please check one: Yes _____ No _____

Or with local police department?

Please check one: Yes _____ No _____

If yes, please complete the following:

At this time, I am concerned about (example: domestic violence, child abuse, mental health issues) _____

14. Who referred you to our agency? _____

15. Are you currently in school? _____

16. On the final page, please indicate in what areas you are needing our help. If it is not listed, please use the remainder of this page to explain where our help is needed.

Signature	Date

1. EMERGENCY NEEDS

- Shelter/ emergency housing
- Emergency food
- Emergency clothing
- Assistance locating financial resources for utility bills, food, medical needs
- Locating dependable transportation for medical or work-related reasons
- Other: _____

2. COUNSELING/ LIFE SKILLS

- Counseling (individual, couples, family)
- Grief
- Domestic abuse services (referral)
- Finding a support group
- Substance abuse services
 - Adult
 - Children
- Assistance caring for mentally ill
- Sexual or physical abuse treatment
- Marital relationship
- Parent/ Child relationship
- Step- family relationship
- Single Parenting
- Divorce adjustment
- Self- esteem
- Communication issues
- Time management/ Stress management
- Getting organized
- Depression
- Rape Trauma
- Other: _____

3. PARENTING

- In-home parent visitation
- Parents support group
- Dealing with out-of- control Child/Adolescent Behavior
- Consultation on parenting issues
- Phone consultations on parenting issues
- Parent education materials
- Other: _____

4. HOUSING

- Home ownership preparation
- Finding housing
- Tenant- landlord problems
- Other: _____

5. FINANCES

- Money Management
- Getting out of debt
- Preparing a workable home budget
- Starting a checking or savings account
- Dealing with credit card balances
- Locating and paying for housing
- Obtaining home furnishings
- Planning for the future
- Using money wisely
- Other: _____

6. INCREASE SELF-RELIANCE

- Determining what is needed to become economically self- sufficient
- Helping in preparing a resume
- How to interview for the job you want
- On- the- job interpersonal skills
- Finding a job training program
- Assistance through an adult mentor
- Assistance in receiving a low- interest car loan
- Assistance identifying a job field of interest
- Assistance finding available jobs
- Information on staying employed
- Other: _____

7. CHILD CARE/ EARLY CARE

- Assistance in paying for childcare
- Childcare related resources and referrals
- Parent- teacher relationships
- Resources and educational classes for relative childcare providers
- Resources for children with special needs
- Other: _____

8. CHILD EDUCATION

- Tutoring for children
- Behavior problems in school
- Alternative school programs
- Parent- teacher relationships
- Services for special needs children

9. ADULT EDUCATION

- GED preparation
- Basic literacy/ reading and writing
- Finding the right class for academic advancement
- Applying for college
- Getting into a technical school
- Other: _____