



**SVDP Home Visit/Assistance Form**  
 PO Box 40605, Providence, RI 02940  
 401-490-0822 www.svdpri.org

Date Case Initiated: \_\_\_\_\_

Home Visitors (2 Vincentians): \_\_\_\_\_  
 \_\_\_\_\_

**FRIEND INFORMATION:**

Friend's Last Name: \_\_\_\_\_ Friend's First Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_ A.M./P.M.

Street Address: \_\_\_\_\_ Apartment #/Trailer #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ SS#(i don't have): \_\_\_\_\_

Sex:  Male  Female Birth Year: \_\_\_\_\_ Veteran:  Yes  No Homeless:  Yes  No

Marital Status:  Married  Single  Separated  Divorced  Widowed

Ethnic Group:  African American  Asian  Caucasian  Hispanic  American Indian  
 Middle Eastern  Philippines/Islands  Other: \_\_\_\_\_

Religious Affiliation:  Buddhist  Jewish  Muslim  Other Christian  Protestant  Roman Catholic  
 No Religious Affiliation  Other: \_\_\_\_\_

**HOUSEHOLD INFORMATION**

Total Adults Living in House: \_\_\_\_\_ Total Children Living in House: \_\_\_\_\_

Name and Ages of Dependents:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Student/Employed: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Student/Employed: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Student/Employed: \_\_\_\_\_

Spouse/Partner/Roommate Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Birth Year: \_\_\_\_\_ Veteran:  Yes  No

Relationship: \_\_\_\_\_ Occupation/Source of Income: \_\_\_\_\_

Other agencies contacted:  Yes  No Indicate what agencies, what is being sought, and from who: \_\_\_\_\_

Assistance Request for:  Rental Assistance  Security Deposit  Heat Assistance  Utilities  Furniture  Travel Expenses  Medical/Medications  Funeral Expenses  Moving Expenses  Disaster Services  Automobile  Education Expenses \_\_\_\_\_

Other: \_\_\_\_\_

**Authorization For Release of Confidential Information:** In consideration of the services to be undertaken or rendered on my behalf by the Society of St. Vincent de Paul Rhode Island, its members, agents or affiliated organizations (hereinafter referred to as "SVdP"), I, the undersigned \_\_\_\_\_, hereby authorize SVdP to receive, from any and all sources, and to release to any person or organization, any confidential information regarding me which may be necessary or useful to SVdP in relation to the services to be rendered. I hereby release SVdP from all liability in any way related to the receipt and/or release of said confidential information.

I further understand that the release of this information does not guarantee that assistance will be provided, but that without such information my case cannot be presented to the Conference/ Council for consideration.

\_\_\_\_ (initial) I give SVDP Rhode Island permission to contact me for future update.  
 \_\_\_\_ (initial) I would be willing to share my story of how SVDP Rhode Island helped me.

SVdP"

Date

"Undersigned" signature

Date

Print Full Name

	Account #	Phone #	Total Balance	Monthly		Source	FRIEND	SPOUSE/PARTNER	OTHER ADULT
Mortgage/Rent					Employment				
2nd Mortgage					Rental Property/ Self-employment				
Electric					SSI				
Gas/Oil Heating					SSDI				
Water					State Assistance				
Telephone/Cell					Unemployment				
Cable/Internet					Child Support / Alimony - Current?				
Health Insurance					Other				
Auto Insurance					<b>Notes:</b>				
Car Payments									
Grocery Bill (above SNAP)									
Prescriptions/Medications									
Life Insurance									
Gasoline									
Other									
<b>TOTAL HOUSEHOLD EXPENSES:</b>					<b>TOTAL HOUSEHOLD INCOME:</b>				

**REQUIRED DOCUMENTATION:**    \_\_\_ Copy of Utility Bill or Bill Being Paid    \_\_\_ Copy of Lease or Letter from Landlord  
 \_\_\_ Security Deposit Agreement    \_\_\_ W-9 (necessary if paying rent)    \_\_\_ Other \_\_\_\_\_

**OFFICIAL INFORMATION:**

**Conference President Use Only:**

**Total number of hours working on this case (including visitation/paperwork/tracking down information, etc.):** \_\_\_\_\_

**Conference Submitting:** \_\_\_\_\_ **Date Submitting:** \_\_\_/\_\_\_/20\_\_\_ **In Conference:**  YES  NO

**Assistance Requested:** \_\_\_\_\_ **Amount Requested:** \_\_\_\_\_

**District President Use Only:** **District Submitting:** \_\_\_\_\_ **Approved:**  YES  NO

**Approved Amount:** \$ \_\_\_\_\_ **Approval Date:** \_\_\_/\_\_\_/20\_\_\_ **Note:** \_\_\_\_\_

**Council Office Use Only:** **Office Recv'd:** \_\_\_/\_\_\_/20\_\_\_ **By:** \_\_\_\_\_ **Check #:** \_\_\_\_\_

**Check Date:** \_\_\_/\_\_\_/20\_\_\_ **District Balance To Date:** \$ \_\_\_\_\_

**Special Payment Instructions (Name, Address, Account #, Etc.):** \_\_\_\_\_

**Special Notes or Details of Case:** \_\_\_\_\_