

Emergency Services Application



INTERFAITH ACTION
OF GREATER SAINT PAUL
DEPARTMENT OF INDIAN WORK

Date _____

Client Information

Last Name _____ First Name _____

Address _____ City _____ Zip _____

Phone _____ Email _____

Reservation _____

Eligibility

Tribal Enrollment # _____

Child enrolled in SPPS Indian Education or other Title VII Indian Education Program.

Receive other American Indian agency services. Organization: _____

Household Residents	Relationship to Self (Husband, Wife, Child, Grandchild, Grandparent, Sibling, Friend, Other)	Birthdate	Gender	Disability	Race/Ethnicity *
1.	Head of Household		M F	Yes No	
2.			M F	Yes No	
3.			M F	Yes No	
4.			M F	Yes No	
5.			M F	Yes No	
6.			M F	Yes No	
7.			M F	Yes No	
8.			M F	Yes No	

* AI=American Indian; A=Asian; B=Black; C=Caucasian; H=Hispanic; 2=Two or more races

Referral Information

How were you referred to DIW Emergency Services? Self Other: _____

What type of DIW assistance are you requesting?
 Food Clothing Holiday Food Bags Other: _____

What DIW programs have you participated in?
 Indian Youth Enrichment (after-school) Family Education Diabetes Series (FEDS)
 Indian Youth Enrichment (summer) Food Demonstrations
 Emergency Services Volunteer Other: _____

Household Income

Income from Employment \$ _____ weekly monthly

Other: _____ \$ _____ weekly monthly

Is anyone in your household a veteran? Yes Name _____
 No

Assistance Programs

Number of persons in household _____

I am eligible to receive TEFAP commodity food because I am a Minnesota resident, and I received or participate in the following services and programs, OR, because my income is 200% or less of the Federal Poverty Guidelines.

*Eligibility is granted to all persons in situations of emergency and distress due to disasters.

Please check the program(s) in which you participate:

- MFIP – Minnesota Family Investment Program
- GA – General Assistance
- SNAP – Supplemental Nutrition Assistance Program
- NAPS – Nutritional Assistance Program for Seniors
- WIC – Women, Infants, and Children
- Free and reduced breakfast and lunch
- Child Care Assistance
- Head Start
- Section 8
- Public Housing
- Energy Assistance
- Weatherization

Signature

Date

All information provided on this form is voluntary. However, all information is helpful as we develop programs and apply for funding.

FOR OFFICE USE ONLY

Bridge to Benefits Screening and Referral

- MN Food Help Line
- SNAP Application Assistance/Outreach Worker Application Completed Yes No
- Housing – Organization: _____
- Job Training – Organization: _____
- Financial Counseling – Organization: _____
- Other _____

Notes:

Signature of DIW Staff

Date