

Emergency Services Application (Optional)



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