



# Helping Overcome Poverty's Existence, Inc.

P.O. Box 743 Wytheville, Va. 24382; (276) 228-6280, Fax (276) 228-0508

Toll Free Phone: 1-877-818-8680

Office Use: CallPoint or Client ID: _____ Referral made to: _____
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We will use the information you provide here to determine if you are eligible to receive financial and counseling assistance. Eligibility does not guarantee assistance. Please answer these questions to the best of your ability. Do not hesitate to ask a staff member if you need help completing this form.

Name (First name, Middle name, Last name, Suffix)	Social Security Number	Date of Birth	Relationship to you	Gender	Primary Race	Secondary Race	Hispanic		Veteran		Disabled	
							Yes	No	Yes	No	Yes	No
1			<b>Self</b>				Yes	No	<b>Yes</b>	<b>No</b>	Yes	No
2							Yes	No	<b>Yes</b>	<b>No</b>	Yes	No
3							Yes	No	<b>Yes</b>	<b>No</b>	Yes	No
4							Yes	No	<b>Yes</b>	<b>No</b>	Yes	No
5							Yes	No	<b>Yes</b>	<b>No</b>	Yes	No
6							Yes	No	<b>Yes</b>	<b>No</b>	Yes	No
7							Yes	No	<b>Yes</b>	<b>No</b>	Yes	No
8							Yes	No	<b>Yes</b>	<b>No</b>	Yes	No

Mailing Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Telephone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

County of Residence: Bland Carroll Galax Grayson Smyth Wythe

What income do you have? \_\_\_\_\_ What kind of health insurance do you have? \_\_\_\_\_

Do you receive food stamps? \_\_\_\_\_

<input checked="" type="checkbox"/>	What do you need assistance with? (check all that apply)
<input type="checkbox"/>	I am being evicted from my current rental housing.
<input type="checkbox"/>	I am staying with friends/family and have been asked to leave.
<input type="checkbox"/>	I am homeless and seeking shelter.
<input type="checkbox"/>	I need help paying rental deposit to obtain housing.
<input type="checkbox"/>	I am interested in purchasing a home.
<input type="checkbox"/>	I am needing help with utilities.

I certify that the information provided for CCRH Intake is true and correct to the best of my knowledge. I give permission to include this information in the HOPE Community Information System (HCIS), a computerized database utilized by CCRH and local partner agencies to identify other services and resources that may be of interest to me and to improve service coordination between these agencies. I understand that some partner agencies may require participation in HCIS to be eligible for services. I also give permission to include this information in other reporting databases utilized by CCRH and its partner agencies.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_