



Clothing Assistance Application

The Rescue Mission seeks with God's blessing and the involvement of our community, to share Christ's love by serving people whose needs go unmet. We minister to, treat with dignity, and seek to develop the whole person in physical, mental and spiritual areas. The Mission attempts to show "love in action" to all it serves and its desire is that this demonstration of Christ's love will bring people to repentance and belief in Jesus Christ as Savior and Lord. We hope to be able to help you and your loved ones through this difficult time in your life.

Name _____

Address _____

City _____ State _____ Zip _____ Phone No (_____) _____ - _____

Social Security No. _____ - _____ - _____ Birth Date ____/____/____

Sex Male Female Birth City/State _____

How long have you resided in Roanoke? Less than 1 yr 1 – 5 yrs More than 5 yrs

Please complete all information below about other household members

Name	SSN	Date of Birth	Sex	Age	Relationship	Birthplace

To verify financial eligibility for clothing assistance vouchers, please check any services you currently receive from Federal/State/Local agencies:

SSD/SSI
 Medicaid
 Food Stamps
 WIC
 TANF
 Currently a shelter guest at _____

If you receive DSS assistance for Medicaid, food stamps, WIC or TANF, please indicate which office and provide name of your case worker:

Roanoke city Case Worker's Name _____
 Roanoke County
 Other

I desire any assistance to which I am eligible under this program. I certify that the information I have given on this form is correct to the best of my knowledge and belief. I understand that my signature on this application gives permission for the rescue mission to verify information on this form. I understand that if I give false information or withhold information in order to make myself eligible for benefits that I am not entitled to, I can be prosecuted for fraud. I also agree to conduct myself in an appropriate manner while on rescue mission property.

Signature _____ Date _____

RESCUE MISSION USE ONLY

Date ____/____/____	New agency/new folder _____
Intake initials _____	New case # _____
Time of arrival _____	Time application returned _____
Name change _____	Client needs help with application? _____
ID copied and attached _____	Guardianship verified _____