

CASE MANAGEMENT

Name _____ Address _____
Town _____ Zip _____
SS# _____ Education _____ GED _____ College _____
Strengths _____ Weakness _____
Home Skills _____ Other Skills _____
Marital Status _____ Dependents _____ Spouse Occupation _____ Disabled _____
Original Income _____

EMPLOYMENT

Work Type _____ Childcare _____
Child Support _____ Income Type _____
Health Ins. _____ Home Owner _____ Weatherized _____ Renter _____ Subsidized _____

GOALS

ASSISTANCE CLIENT REQUEST

CSBG HUD Trans WXTG Utility FIT Referral

I give permission to Panhandle Community Services to share and or secure any information necessary; I also grant permission to PCS to contact other individuals or organizations in order to provide services, and resources on my behalf. I understand that this information will be shared or secured on a professional basis only, while protecting my right confidentiality. I am authorizing this agency to contact any person(s) or organization required to process my application and to secure information in my case record, including educational and student records. I understand that PCS staff and referral resources will have access to my records.

Signature _____

ENTERED EMPLOYMENT

Date Entered Employment _____

90 DAY FOLLOW up

Date _____ Company _____

Address _____ Phone _____

City/St/Zip _____

Verified By _____

Other Income \$ _____

Current Income \$ _____

Total Income \$ _____

Transition out of poverty? _____ # in family _____

Staff Signature _____