



Family Forward Application

H O P E
R E S P E C T
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Name: _____ Social Security #: _____ - _____ - _____ Date: _____

Street Address: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Cell Phone: _____ Email: _____

What is your preferred method of communication? home phone cell phone text email message phone # _____

Explanation of Services Requested:

Family Forward facilitates bundled service delivery utilizing a strength based approach and is client driven. Family Forward addresses (16) meaningful life domains which are as follows: employment, housing, food/clothing, safety, child health/development, childcare/education, adult education, physical health, mental health, financial health, transportation, substance use/addiction, legal issues, life skills, healthy outlets/leisure activities and natural supports. The supportive community culture provided through Family Forward provides a medium for individuals and/or families to receive the support required to address needs and reduce barriers while working towards achieving self-sufficiency. Services include the following: assessment/evaluation, case management (system navigation and coordination of services), bundled service delivery, goal planning and collaboration with service providers through the Family Forward Consortium.

Which best describes your current HOUSING situation? Please check all that apply.

- | | | |
|---|---|---|
| <input type="checkbox"/> Rent | <input type="checkbox"/> With Friends/Family | <input type="checkbox"/> Camper |
| <input type="checkbox"/> Own | <input type="checkbox"/> Homeless | <input type="checkbox"/> Outside |
| <input type="checkbox"/> Apartment/Duplex | <input type="checkbox"/> Couch Surfing | <input type="checkbox"/> Vehicle |
| <input type="checkbox"/> Single Family Home | <input type="checkbox"/> Shelter/Transitional | <input type="checkbox"/> A place not meant for human habitation |
| <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Motel | <input type="checkbox"/> Live on a reservation |

If "other," please explain: _____

How many adults (18 years and older) currently live in the household (include yourself)? _____

How many children (17 years and under) currently live in the household? _____



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Applicant Name: _____

What community resources do you access on a regular basis? Please check all that apply.

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Food Banks, Pantries | <input type="checkbox"/> Homeless Shelters | <input type="checkbox"/> Emergency Room Care | <input type="checkbox"/> Community Crisis Center |
| <input type="checkbox"/> SNAP, TANF | <input type="checkbox"/> Medicare/Medicaid | <input type="checkbox"/> SSI, SSDI or Social Security Retirement | <input type="checkbox"/> Public Transportation |

Do you and/or any members of your household currently receive services from another agency? If yes, please complete the following:

Agency _____	Service: _____	Contact Person: _____
Agency _____	Service: _____	Contact Person: _____
Agency _____	Service: _____	Contact Person: _____
Agency _____	Service: _____	Contact Person: _____

Check all of the boxes that apply as identified areas of need and/or barriers. Put an asterisk (*) next to those that are immediate needs/barriers.

- | | | |
|--|--|---|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Child Health/Development | <input type="checkbox"/> Healthy Outlets/Leisure Activities |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Physical Health | <input type="checkbox"/> Life Skills |
| <input type="checkbox"/> Food/Clothing | <input type="checkbox"/> Substance Use/Addiction | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Safety | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Transportation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Childcare/Education | <input type="checkbox"/> Financial Health | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Natural Supports/Support System | <input type="checkbox"/> Other: _____ |

Which best describes your financial situation:

- I have enough to pay my bills and I have 3 months of salary in savings.
- I have enough to pay my bills and have some money in savings.
- I usually have enough to pay my bills but it leaves me with nothing left over.
- I typically don't have enough to pay my bills each month.
- I am behind on my bills and/or I don't have any income.



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HOUSEHOLD MEMBER INFORMATION

SEX CODES

F = Female
M = Male

RACE CODES

BL = Black – Not Hispanic
WH = White – Not Hispanic

AI = Native American/Alaskan Native

HB = Hispanic – Black HI = Hispanic

HW = Hispanic – White

HI = Hispanic

AS = Asian

PI = Pacific Islander

OT = Other

LAST NAME, FIRST NAME MI	SOCIAL SECURITY NUMBER	RELATIONSHIP TO HEAD OF HOUSEHOLD	BIRTH DATE			Sex	RACE	DISABLED YES / NO	MILITARY STATUS	CHECK ANY THAT APPLY	LAST GRADE COMPLETED OR DEGREE EARNED	WORK STATUS	HEALTH INSURANCE (CHECK ALL THAT APPLY)
			M	D	YR								
1.		SELF / HEAD OF HOUSE							<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> Not Applicable	<input checked="" type="checkbox"/> Tribal Member <input checked="" type="checkbox"/> US Citizen <input checked="" type="checkbox"/> Registered Alien		<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (Short-Term, 6 mo. or less) <input type="checkbox"/> Unemployed (Long-Term, 6 mo or more) <input type="checkbox"/> Unemployed (NOT in Labor Force) <input type="checkbox"/> Retired	<input type="checkbox"/> Healthy MT Kids <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> NONE
2.									<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> Not Applicable	<input checked="" type="checkbox"/> Tribal Member <input checked="" type="checkbox"/> US Citizen <input checked="" type="checkbox"/> Registered Alien		<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (Short-Term, 6 mo. or less) <input type="checkbox"/> Unemployed (Long-Term, 6 mo or more) <input type="checkbox"/> Unemployed (NOT in Labor Force) <input type="checkbox"/> Retired	<input type="checkbox"/> Healthy MT Kids <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> NONE
3.									<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> Not Applicable	<input checked="" type="checkbox"/> Tribal Member <input checked="" type="checkbox"/> US Citizen <input checked="" type="checkbox"/> Registered Alien		<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (Short-Term, 6 mo. or less) <input type="checkbox"/> Unemployed (Long-Term, 6 mo or more) <input type="checkbox"/> Unemployed (NOT in Labor Force) <input type="checkbox"/> Retired	<input type="checkbox"/> Healthy MT Kids <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> NONE
4.									<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> Not Applicable	<input checked="" type="checkbox"/> Tribal Member <input checked="" type="checkbox"/> US Citizen <input checked="" type="checkbox"/> Registered Alien		<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (Short-Term, 6 mo. or less) <input type="checkbox"/> Unemployed (Long-Term, 6 mo or more) <input type="checkbox"/> Unemployed (NOT in Labor Force) <input type="checkbox"/> Retired	<input type="checkbox"/> Healthy MT Kids <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> NONE
5.									<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> Not Applicable	<input checked="" type="checkbox"/> Tribal Member <input checked="" type="checkbox"/> US Citizen <input checked="" type="checkbox"/> Registered Alien		<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (Short-Term, 6 mo. or less) <input type="checkbox"/> Unemployed (Long-Term, 6 mo or more) <input type="checkbox"/> Unemployed (NOT in Labor Force) <input type="checkbox"/> Retired	<input type="checkbox"/> Healthy MT Kids <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> NONE



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6.									<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> Not Applicable	<input checked="" type="checkbox"/> Tribal Member <input checked="" type="checkbox"/> US Citizen <input checked="" type="checkbox"/> Registered Alien		<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (Short-Term, 6 mo. or less) <input type="checkbox"/> Unemployed (Long-Term, 6 mo or more) <input type="checkbox"/> Unemployed (NOT in Labor Force) <input type="checkbox"/> Retired	<input type="checkbox"/> Healthy MT Kids <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> NONE
7.									<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> Not Applicable	<input checked="" type="checkbox"/> Tribal Member <input checked="" type="checkbox"/> US Citizen <input checked="" type="checkbox"/> Registered Alien		<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (Short-Term, 6 mo. or less) <input type="checkbox"/> Unemployed (Long-Term, 6 mo or more) <input type="checkbox"/> Unemployed (NOT in Labor Force) <input type="checkbox"/> Retired	<input type="checkbox"/> Healthy MT Kids <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> NONE

GROSS MONTHLY INCOME OF ALL HOUSEHOLD MEMBERS

Enter the requested information for all household members, regardless of age or relationship.
(Do not include Food Stamps or any other non-cash assistance programs below.)

NAME OF PERSON RECEIVING INCOME	DATE	SOURCES OF MONTHLY INCOME (EXAMPLE – SOCIAL SECURITY, WAGES, AFDC, ETC.)	TOTAL GROSS INCOME FOR MONTH
1			
2			
3			
4			
5			

READ CAREFULLY BEFORE SIGNING.

IF YOU DO NOT UNDERSTAND SOMETHING, ASK YOUR WORKER

- ◆ The collection of personal information on clients is essential to the provision of services at DIST. 7 HRDC: information is collected and stored in the agency Central Database System. Only HRDC and its funding sources access this information.
- ◆ The information I (we) give here is subject to verification by HRDC officials. If any information is incorrect, my application may be denied and I may be subject to the criminal penalties for knowingly providing incorrect information.
- ◆ I certify, under penalty or perjury, that all my answers are correct and complete to the best of my knowledge, including information about each household member.

Head of Household Signature: _____ Date: ____/____/____



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Household Expenses/Income Worksheet – Applicant Name: _____

Expenses	Monthly	Net Income	Monthly
Rent/Mortgage		Wages (take home pay for SELF)	
Heat: gas, wood, oil		Wages (take home pay for OTHERS in Household)	
Electricity		Self-Employment	
Other Utilities (water, garbage, etc.)		Pensions / Investment Income	
Telephone (landline and/or cell)		Social Security income	
Cable, Satellite, Internet		SSI (Supplemental Security Income)	
Subscriptions (magazines, newspaper, Netflix, etc.)		TANF Cash Assistance	
Groceries		Food Stamps	
Car Payment		Childcare Subsidy	
Transportation (gas, parking, bus fare, etc.)		Energy Assistance	
Auto Repairs/Vehicle Registration and Taxes		Friends/Family	
Insurance (auto, renters, homeowner, life, medical)		Other: _____	
Medical Expenses and Co-Pays		Other: _____	
Prescriptions, glasses, contacts, braces, etc.		Other: _____	
Clothing (if unknown, use \$25 per person per month)		TOAL MONTHLY INCOME	
Daycare/Babysitter		<p>MONTHLY INCOME: _\$ _____</p> <p style="text-align: center;">—</p> <p>MONTHLY EXPENSES: _\$ _____</p> <hr/> <p style="text-align: center;">=</p> <p>REMAINING:</p> <p> _\$ _____</p>	
Tuition / After school activities			
Child Support / Alimony			
Personal Care (toiletries, diapers, haircuts, etc.)			
Entertainment (dining, movies, recreation, etc.)			
Pets (pet food, supplies, vet care, etc.)			
Charitable Giving			
Tobacco / Alcohol / Lottery / Etc.			
Household Repairs			
Credit Card Payments			
Other Debt (student loans, lay-away, etc.)			
Savings / Investment / Retirement			
Banking / Money Oder Fees			
Job Expenses (uniform, tools, union dues, etc.)			
Other: _____			
TOTAL MONTHLY EXPENSES			



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IMPORTANT – APPLICANT READ BEFORE SIGNING

I (We) certify that the above statements are true, accurate and complete to the best of my (our) knowledge and belief. I (We) agree to notify HRDC promptly in writing upon any material change in the information provided herein and further acknowledge that HRDC will continue to regard this statement as true and complete until receipt of such written notification. The application shall remain the property of HRDC. I (We) authorize HRDC to obtain income and credit verification.

INFORMATION TO BE RELEASED OR DISCLOSED: Savings, certificates of Deposit, Stocks & Bonds, Safety Deposit Boxes (to be opened only in the presence of the client or their agent and representatives of the financial institution), Gross Earnings, Social Security Payments, V.A. Benefits, Personal and business Income, Workers Compensation, Unemployment Compensation, Family Composition, Size of Home, Per Capita Payments, Lease Payments, Indian Income Maintenance (IIM) Accounts.

I have the right to file a grievance or complaint if I believe that I have been discriminated against on the basis of age, sex, race, color, creed, political beliefs, handicap, marital status or national origin. I can also file a grievance if I disagree with the programs assignment or decision.

I have the right to a fair hearing if not satisfied with the actions affecting my application.

I have been referred to Child Support Services at the following location:

1500 Poly Drive, Suite 200
Billings, MT 59102
(406) 655-5500
Fax: (406) 655-5545

Date: _____ Printed Name: _____ Signature of Applicant: _____

Date: _____ Printed Name: _____ Signature of Co-Applicant: _____

Witness Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Application Received: _____ Application Reviewed by: _____ Date approved/denied: _____ HH#: _____ Entered in CDS: _____