



DATE		NAME OF GUEST:							
ADDRESS		<i>Boundary confirmed</i> _____							
PRIMARY PHONE		SECONDARY PHONE		BEST TIME TO CALL					
WHO WILL BE PRESENT FOR HOME VISIT:					BEST TIME TO MEET:				
TOTAL NUMBER OF PEOPLE IN HOUSEHOLD: (include names).									
Adults	Male/age.		Female/age.			Veteran?			
Children	Male/age.		Female/age.			Animals?			
WHO REFERRED THE GUEST TO SVDP?									
HAS THE GUEST BEEN HELPED BY SVDP BEFORE?				YES		NO		WHEN	
What assistance was received									
What has changed since then									
WHAT TYPE OF HELP IS NEEDED							ESTIMATED AMOUNT		
							\$		
IS THE GUEST CURRENTLY EMPLOYED					YES		NO		
If yes, list place of employment									
IS THE GUEST A MEMBER OF ST. LUKE'S PARISH?						YES		NO	
IS THE GUEST RETIRED?						YES		NO	
IS THE GUEST DISABLED?						YES		NO	
DOES THE GUEST RECEIVE ANY OF THE FOLLOWING:									
Welfare (TANF)	YES		NO		Unemployment	YES		NO	
Food stamps	YES		NO		WIC – food low income women/ kids	YES		NO	
Supplemental Security Income	YES		NO		Rental Assistance	YES		NO	
Social Security Disability	YES		NO		Other	YES		NO	
Medicaid	YES		NO						
ADDITIONAL COMMENTS:									
REFERRALS - Please list all referrals made to this guest or their family members; always include Contact of Ocean County 732-240-6100 and SVDP Food Bank hours – M & F from 9:00 am to 12:45 pm. <i>If seeking help with utilities, please confirm they have spoken to the utility company first.</i>									
SVDP Volunteer:					PHONE NO.:				