



Child Welfare Program Application

Junior Auxiliary of Abbeville

Applicant Information			
Name:			
Date of Birth:	Email:	Phone:	
Current Address:			
City:	State:	ZIP Code:	
Own Rent (Please Circle)	Monthly Payment or Rent: \$		How Long?
Utilities (List Category – Electricity, Gas, Etc.):			
Total Utility Cost (Monthly): \$			Car Note Amount: \$
Insurance: Yes No	Insurance Cost: \$		Number of Children:
Child Support: Yes No	Child Support Amount: \$	Date Child Support Due:	
Employment Information			
Current Employer:			
Employer Address:			How long?
Phone:	E-mail:	Fax:	
City:	ZIP Code:	Pay Schedule: Weekly Bi-Weekly	
Position:	Hourly Salary (Please Circle)	Monthly Income: \$	
Dependent 1 Information			
Name:			
School:			
City:	Grade:	Gender:	Age:
School Fees? If yes, please list.			
Hobbies/Interests:			
Dependent 2 Information			
Name:			
School:			
City:	Grade:	Gender:	Age:
School Fees? If yes, please list.			
Hobbies/Interests:			
Dependent 3 Information			
Name:			
School:			
City:	Grade:	Gender:	Age:
School Fees? If yes, please list.			
Hobbies/Interests:			
Dependent 4 Information			
Name:			
School:			
City:	Grade:	Gender:	Age:
School Fees? If yes, please list.			
Hobbies/Interests:			

Needs Assessment

Please check items below, which assistance is requested:

- Toiletries Medical Expenses Clothing School Activities (Academic)
- School Activities (Extracurricular) Groceries Recreational Activities
- Other (Please Specify) _____
- _____

Reference 1 Information

Name:	Email:	Phone:
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Relationship and Duration:

Address:

Reference 2 Information

Name:	Email:	Phone:
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Relationship and Duration:

Address:

Authorization

I authorize the verification of the information provided on this form (personal information and employment). I also consent that no false facts have been provide, and should Junior Auxiliary find that any information has been misrepresented, they reserve the right to forfeit this application and deny all assistance.

Signature of Applicant:	Date:
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Printed Name of Applicant:

Committee Use Only: _____

Approved Not Approved

Application Number: _____

Review Date: _____