

Help on Hand, Inc.
Assistance Prescreen Application



Head of Household Information

Name: _____ Date: _____

Contact Number: _____ Secondary Number: _____

Gender: Male / Female / Non-Binary / Transgender / Other _____

DOB: _____ SSN: _____ Race: _____ Ethnicity: _____

Insurance Type: (check all that apply)

- None
- Medicaid
- Medicare
- Employer Provided
- Health Insurance through Cobra
- Private Pay
- VA Medical
- Other: _____

Have you received any housing assistance or homeless services from Help on Hand, Inc. within the last 12 months? Yes / No

If yes, date? _____

What type of service/assistance did you receive? _____

Veteran Information

Did you or anyone in the household ever serve in the Military?

Yes / No

Family Member: _____

Do you have any of the following?

Mental Health Issues	Yes / No	Don't Know	Refused to Answer
Drug Abuse Issues	Yes / No	Don't Know	Refused to Answer
Alcohol Abuse Issues	Yes / No	Don't Know	Refused to Answer
Chronic Health Condition	Yes / No	Don't Know	Refused to Answer
Developmental Disability	Yes / No	Don't Know	Refused to Answer
Physical Disability	Yes / No	Don't Know	Refused to Answer
HIV/AIDS	Yes / No	Don't Know	Refused to Answer
Victim of Domestic Violence	Yes / No	Don't Know	Refused to Answer

Does anyone in the household have an income?

Yes / No

Primary Income Source: _____

- Monthly Amount \$ _____
- Who Receives? _____

Does anyone in the household receive any non-cash benefits?

Yes / No

- Food Stamps \$ _____ Who Receives: _____
- TANF \$ _____ Who Receives: _____
- WIC – Who Receives: _____
- TANF Transportation
- Section 8, Public Housing or Ongoing Rental Assistance
- Temporary Rental Assistance
- Other: _____

Where did you stay last night (prior to completing this application)?

Example: Streets, Abandon Building/Shed, Car, etc.

How Long? _____

Housing Status:

Prior to your current situation: In the last three years have you been homeless & forced to sleep in a place that is not meant for human habitation? Yes / No

If yes how many times: _____

Approximate Date Homelessness First Started: _____

Please provide the following information when you turn in this prescreen application.

- ✓ Copy of ID for anyone in the household over the age of 18.
- ✓ Copy of Social Security Card for everyone in the household including all children.
- ✓ Proof of income, Unemployment, (SSI/SSDI/SSA Benefits).
- ✓ Proof of Benefits, if you receive them, (TANF/Food Stamps/Cash Assistance).
- ✓ Proof of income from all or any other sources.
- ✓ Proof of Homelessness Letter.

This letter should be typed and on an official letterhead, signed by a business or city official and have every date and location that you were witnessed in a homeless situation that is HUD's definition of literally homeless.

- ✓ Verification of Disability (if applicable)

Applicant has 72 business hours to provide necessary documentation, or the application is declined.

Please return application and all necessary documents to the main office

or fax to 573-843-5118

Help on Hand, Inc.
407 Walker Avenue
Caruthersville, MO 63830