

Monthly Household Income Worksheet

Person #1 Name _____

	Date ___ / ___ / ___		Date ___ / ___ / ___		Date ___ / ___ / ___	
Type of Income	Amount	How often?	Amount	How often?	Amount	How often?
Job #1	\$		\$		\$	
Job #2	\$		\$		\$	
Unemployment	\$		\$		\$	
SSI/Retirement	\$		\$		\$	
SNAP/Food Stamps	\$		\$		\$	
Housing Assistance	\$		\$		\$	
Child Support	\$		\$		\$	
TANF	\$		\$		\$	
SSDI	\$		\$		\$	
Trust Fund	\$		\$		\$	
Foster Income	\$		\$		\$	
Other Income	\$		\$		\$	
WIC	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Person #2 Name _____

	Date ___ / ___ / ___		Date ___ / ___ / ___		Date ___ / ___ / ___	
Type of Income	Amount	How often?	Amount	How often?	Amount	How often?
Job #1	\$		\$		\$	
Job #2	\$		\$		\$	
Unemployment	\$		\$		\$	
SSI/Retirement	\$		\$		\$	
SNAP/Food Stamps	\$		\$		\$	
Housing Assistance	\$		\$		\$	
Child Support	\$		\$		\$	
TANF	\$		\$		\$	
SSDI	\$		\$		\$	
Trust Fund	\$		\$		\$	
Foster Income	\$		\$		\$	
Other Income	\$		\$		\$	
WIC	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Total income \$ _____ / _____ \$ _____ / _____ \$ _____ / _____

Release of Information

This Release of Information (ROI) will give SACA permission to talk to the people or business that needs to be paid for services provided to you. Please fill out this form so SACA staff can confirm details of your request for financial assistance. If you need help paying for more than one bill, please fill out a separate ROI for bill.

If you are requesting assistance with propane, you do not need to complete this page.

Primary Contact Name _____ Phone # _____ L2F# _____
First Middle Last

I give Silverton Area Community Aid (SACA) permission to contact the following person or company to gather and exchange information for case management and service provision purposes:

Name of person or company _____
Phone _____

This release of information is valid until December 31, 2023 unless you write in another date:

The following date: ____ / ____ / ____

For Prescriptions: Name _____ Date of Birth ____ / ____ / ____

Medication Name

Dosage

Medication Name	Dosage

For gas vouchers: Do you need gas to get to work or a job interview? Yes No

Do you need gas to get to an appointment? Yes No

Appointment Date ____ / ____ / ____ Appointment Time _____

Name _____ Date of Birth ____ / ____ / ____

I understand that Silverton Area Community Aid cannot guarantee information will not be disclosed if the information is released to an organization subject to Federal and State laws within the Mandated Reporter Guidelines as defined by Oregon Revised Statutes.

Term: I understand that I may revoke this authorization at any time, except to the extent that action has already been taken in reliance upon it. I understand that I may refuse to sign this authorization and that refusal to sign this authorization may affect SACA's ability to coordinate and obtain services.

If this release is for a minor, I affirm that I am the parent or legal guardian of the person for whom this release has been completed.

I have read and understand the terms of this authorization. I have had an opportunity to ask questions about the use and exchange of my information. By signing below, I knowingly and voluntarily authorize SACA to use or exchange my information in the manner described above.

Applicant Signature

Date