

RECERTIFICATION

FAMILY #

Name		Date	
Address		Town	
Phone			

Total Number in Household (including non-family members)

Adults		Children		Infants		Seniors	
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Income:

Monthly Income		Source	
Monthly Income		Source	
Monthly Income		Source	
Monthly Income		Source	
TOTAL INCOME			
Food Stamp Amount			
WIC	Yes	No	

Expenses:

Rent/Mtg		Car Pay't		H/O Ins	
Mtg		Auto Ins		Water	
Electric		Cr Cards		Sewer	
Gas/Oil		Daycare		Prop Tax	
Cell Phone		Medical		Auto Tax	
Phone		Prescrip.		Savings Acct	
Cable		Life Ins		Ckg Acct	
Internet		Health Ins		Retire Acct	
	0		0		0

Total Income		
Total Expenses	0.00	Monthly net after Exp #VALUE!

Status:

<input type="checkbox"/>	Assist as Needed
<input type="checkbox"/>	Assist with Clothing/Holiday Baskets/School Drive/Energy Assistance
<input type="checkbox"/>	Assist with Non food Items
<input type="checkbox"/>	One Time Assistance Only
<input type="checkbox"/>	No Assistance

(Review in weeks months)

Reason:

<input type="checkbox"/>	Incomplete Application
<input type="checkbox"/>	Not following recommendations i.e.: applying to states, town or agency
<input type="checkbox"/>	Verbal or physical abuse to staff or volunteers
<input type="checkbox"/>	Over income vs. expenses ratio
<input type="checkbox"/>	Has other resources to fall upon i.e. savings, cd's, retirement
<input type="checkbox"/>	Missed two appointments without calling
<input type="checkbox"/>	Shared household, where expenses are not in clients name
<input type="checkbox"/>	High cable, electricity, phone or cell phone useage
<input type="checkbox"/>	Inappropriate behavior causing debt
<input type="checkbox"/>	Other
<input type="checkbox"/>	Comments: _____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

