



Client Name: _____ **Client History #:** _____

The following documentation must be included in order for your application to be processed:

- _____ Completed Case Management Application detailing monthly income and expense with necessary supporting documentation.
- _____ Detailed bank statements from all banks for the previous three (3) months. (Balances are not acceptable)
- _____ Detailed credit card statements from all accounts for prior three (3) months. (Balances are not acceptable)
- _____ Copy of your most current tax return (cannot be older than one year).
If employment circumstances have changed from that reported on tax returns, please provide a detailed explanation.
- _____ Copies of information regarding any hardships (i.e. outstanding medical bills, extensive credit card bills, bankruptcy papers, etc.).
- _____ Copies of paystubs and/or any other proof of income for past two (2) months.

Please note that JFS will not be making copies of the above documents provided. Please make sure to bring copies for JFS to keep.

Signature of JFS Client or Guardian

Date _____/_____/_____

Signature of JFS Staff

Date _____/_____/_____

Case Management Questionnaire
CONFIDENTIAL

Client Name: _____ Client History # _____ Client DOB: _____

Affiliation with Jewish Agency (LJCC, Temple, Preschool, etc.): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (W) _____ (C) _____

E Mail: _____ Preferred Method of Contact: _____

Request for: Tzedakah: Reduced Fee:

Provide Information on All People Who Live in the Household (including children):

Name	DOB	Relationship	Occupation	Social Security Number
		SELF		

List All Custodial Parents/Legal Guardians Who Resides Outside The Household:

Name	DOB	Relationship

Employment Information (complete for all people in the household). Please provide copies of paycheck stubs for the last 60 days and last year's Tax Return and W-2 for each person listed below.

Name of Person Working	Employer's Name and Phone Number	Amount Earned Before Deductions (Gross Income)	Tips Earned	How Often Paid (monthly, weekly, etc.)
Total Wages				

If there is any employment history or other circumstance that you would like to be taken into consideration, please explain below:

Has a parent or child in the home lost a job in the past three months? ___ Yes ___ No

If yes, please complete the following:

Name of Person(s) Who Lost Job	Date Job Lost	Former Employer's Name	Former Employer's Address & Phone	Severance Amount and Term

List All Other Sources of Income and Provide Substantiating Documentation:

Type	Name of Person Who Receives Other Income	Amount Received	How Often Received (monthly, weekly, etc)
SSI			
Social Security (Old Age/Disabled/Survivor)			
TANF			
Food Stamps			
Child Support			
Unemployment			
Family Assistance			
Trusts			
Dividend/Interest Income			
Alimony			
Savings/IRA			
Real Estate			
Other (list)			
Other (list)			
Total			

List All Monthly Expenses

Item	Name of Company	Amount Paid	How Often Paid
Rent/Mortgage			
Electric			
Gas			
Water			
Groceries			
Dining Out			
Child Care/After School Care			
Child Support Paid			
Telephone (wireless)			
Telephone (home phone)			
Internet			
Cable			
Car Payment			
Bus Fare/Gas, etc.			
Car Insurance			
Car Maintenance Costs			
Medical/Health/Dental Insurance			
Prescription Costs			
Other Medical Hardships			
Special Needs Services/Therapies (OT, PT, Speech, Other)			
Home Owner's/Renters Insurance			
Home Owners Association Dues			
Life Insurance/Other Insurance			
Entertainment			
School Expenses (tuition, supplies)			
Membership (JCC, Temple, etc.)			
Clothing			
Pet Expenses			
Student Loans			
Credit Card			
Bank Loans			
Other Loans			
Other (gym membership, personal hygiene, diapers, cleaning supplies, repairs, paper products, haircuts, cigarettes)			
Total Monthly Expenses			

Total Income: \$ _____

Total Expenses: \$ _____

Surplus (Deficit): \$ _____

Do you currently or have you previously received any financial assistance from other Jewish Agencies?

Name of Institution (e.g., JCC, CJP, JPS, CJDS)	Amount of Financial Assistance	Frequency of Assistance (monthly, annually, etc.)	Dates Received

By signing below, I certify that I have answered the questions above honestly and accurately.

_____ Date ____/____/____
Signature of JFS Client

_____ Date ____/____/____
Signature of JFS Staff Member

Printed Name of JFS Staff Member: _____