



At Cops for Kids, Inc., we strive to provide assistance to those in need. To consider your request, please provide the following information. This form will be kept in the strictest of confidence and will not be shared with any other agencies. Each request is evaluated on individual needs but submission of this request does not guarantee assistance will be provided.

Applicants Name \_\_\_\_\_  
 Referring Agency \_\_\_\_\_ By \_\_\_\_\_  
 Address of Agency \_\_\_\_\_ Tele \_\_\_\_\_  
 Fax \_\_\_\_\_ Email \_\_\_\_\_

**FAMILY INFORMATION**

Father's Name \_\_\_\_\_ Live with children YES \_\_\_ NO \_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Drivers License \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Employer \_\_\_\_\_ Tele # \_\_\_\_\_ Yrs. Employed \_\_\_\_\_  
 Prev. Employer \_\_\_\_\_ Tele # \_\_\_\_\_ Yrs. Employed \_\_\_\_\_

Mother's Name \_\_\_\_\_ Live with children YES \_\_\_ NO \_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Drivers License \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Employer \_\_\_\_\_ Tele # \_\_\_\_\_ Yrs. Employed \_\_\_\_\_  
 Prev. Employer \_\_\_\_\_ Tele # \_\_\_\_\_ Yrs. Employed \_\_\_\_\_

**FAMILY INCOME**

**FAMILY EXPENSES**

Father \$ \_\_\_\_\_  
 Mother \$ \_\_\_\_\_  
 Social Security \$ \_\_\_\_\_  
 AFDC \$ \_\_\_\_\_  
 EDD \$ \_\_\_\_\_  
 Child Support \$ \_\_\_\_\_  
 Roomates \$ \_\_\_\_\_  
 Foster Care \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

Monthly Rent \$ \_\_\_\_\_  
 Electricity \$ \_\_\_\_\_  
 Water \$ \_\_\_\_\_  
 Gas \$ \_\_\_\_\_  
 Telephone \$ \_\_\_\_\_  
 Cell Phones \$ \_\_\_\_\_  
 Cable/Satellite \$ \_\_\_\_\_  
 Auto Payments \$ \_\_\_\_\_  
 Credit Cards \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**YOU MUST INCLUDE VERIFICATION OF INCOME AND EXPENSES**

