



PROJECT TZEDAKAH APPLICATION

TODAY'S DATE _____

Which programs are you interested in participating in? Rosh Hashanah Hanukkah Passover

I. HOUSEHOLD MAKEUP

LIST ALL FAMILY MEMBERS *LIVING IN THE HOUSEHOLD*

NAME _____ RELATIONSHIP _____ AGE _____

ADDRESS _____ ZIP _____ PHONE _____

II. EMPLOYMENT INFORMATION

FAMILY MEMBERS (LIVING IN THE HOUSEHOLD) WHO ARE EMPLOYED

NAME _____ EMPLOYER _____ HOW LONG _____ HRS. PER WEEK _____ SALARY _____

III. INCOME AND BENEFITS INFORMATION

ARE YOU *CURRENTLY* RECEIVING:

- FOOD STAMPS? YES/NO HOW MUCH? _____
- SOCIAL SECURITY INCOME (SSI)? YES/NO HOW MUCH? _____
- ANY OTHER GOVERNMENT BENEFITS? YES/NO Please list type and amount such as ADC, Medicaid, etc.: _____

- ARE YOU RECEIVING INCOME FROM ANY OTHER SOURCES (i.e. relatives, child support, etc.)? Please describe: _____

PLEASE LIST YOUR MONTHLY EXPENSES WITH AMOUNTS:

RENT _____ UTILITIES _____ PHONE _____

DEBTS _____ CAR PAYMENTS _____ FOOD _____

OTHER/COMMENTS _____

- DO YOU RECEIVE KOSHER MEALS ON WHEELS? YES/NO _____

- DO YOU CONSISTANTLY FEEL LIKE YOU ARE NOT MEETING YOUR EXPENSES?
(circle one) YES NO SOMETIMES

EXPLAIN: _____

TOTAL MONTHLY HOUSEHOLD INCOME \$ _____

TOTAL MONTHLY HOUSEHOLD EXPENSES \$ _____

IV. OTHER RELEVANT INFORMATION

- DO YOU HAVE HEALTH INSURANCE? YES/NO _____
- ARE YOU AFFILIATED WITH A SYNOGOGUE? YES/NO Would you like a synagogue to contact you regarding affiliation or attending services? Y/N _____
- ARE YOU INVOLVED WITH ANY OTHER SOCIAL SERVICE AGENCIES (i.e. Boys and Girls Club, YWCA, CPS, Headstart, Girls, Inc., etc.) _____
- DO YOU HAVE A CASE MANAGER? Y/N _____
- ARE YOU A MEMBER OF THE JEWISH COMMUNITY CENTER? YES/NO _____
- HOW/WITH WHOM DO YOU SPEND THE JEWISH HOLIDAYS? i.e. family, friends, neighbors, etc. _____

- IN CASE OF EMERGENCY, WHOM MAY WE CONTACT?

NAME	ADDRESS	PHONE	RELATIONSHIP
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- HOW WERE YOU REFERRED TO THE TZEDAKAH PROGRAM AND JEWISH FAMILY SERVICE? _____
- HOW WILL THIS PROGRAM BE OF BENEFIT TO YOU? _____
- DO YOU HAVE ANY ADDITIONAL NEEDS THAT JFS MAY BE ABLE TO ASSIST YOU WITH AT THIS TIME? Vocational or medical assistance, counseling/therapy, financial assistance, Judaica items, support services, transportation, other? _____
- ADDITIONAL COMMENTS: _____

Please mail this completed questionnaire to Jewish Family Service. The Tzedakah Coordinator will be in touch with you soon. Thank you for your cooperation.