



2733 E. Battlefield, Suite 332 Springfield, MO 65804

GENERAL ASSISTANCE QUESTIONNAIRE

** Required information*

Name* _____ Social Security Number _____

Address* _____

Best number to reach by phone* _____

How many children do you have?* _____ Ages of children* _____

Employer / if not employed, why?* _____

Hours worked per week* _____

Monthly income

Please answer all that applies to your family:

Wages _____ SSI _____

TANIF _____ SS _____

Food stamps _____ Disability _____

Child support _____ Unemployment _____

Veterans _____ Other _____

Monthly expenses (list below)*

What Kind of Assistance do you need?* _____

Please answer the following question: How did you get behind in your payment, and what is your plan to prevent this in the future?* _____
