

CENTER FOR FAMILY RESOURCES, INC
12 MORRIS ROAD
RINGWOOD, N.J. 07456

PASSAIC COUNTY
EMERGENCY FOOD AND SHELTER PROGRAM
CLIENT APPLICATION FOR ASSISTANCE

(Please have client complete attached satisfaction survey and return to Social Service Manager with application)

DATE: _____

CLIENT'S NAME: _____

SOCIAL SECURITY NO. _____

ADDRESS: _____

TELEPHONE NUMBER: _____

FAMILY TYPE:

_____ Unaccompanied male

_____ Unaccompanied female

_____ Single parent with (#) _____ children

_____ Two parents with (#) _____ children

How long have you lived at above address?

SOURCE OF INCOME:

_____ Government assistance only

_____ Employed and receiving government assistance

_____ Employed only

_____ No income

_____ Other

CLIENT IS APPLYING FOR:

_____ Rental assistance

_____ Shelter

_____ Utilities

_____ Emergency food

CLIENT'S PROBLEM IS: _____

CLIENT'S NEED IS: _____

ACTION TAKEN: _____

DATE: _____

Client Signature

Staff Signature

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J. Client Interviews-General

1. Are you getting the assistance that you need from this agency?
 Y N Other
2. How long have you been receiving services from this agency?

3. Do you have any complaints? If yes, please explain.

4. What do you like best about these services?

5. If you could change something about this program/agency, what would it be?

- 6.) Do you feel that you are treated respectfully by the staff and supervisors?
 Y N Other

- 7.) Do you feel that the services has impacted your life in any way?
 Y N Other

- 8.) Do you feel that you are dependant on these services? Y N Other

- 9.) Do you feel that you are getting the most assistance possible from this agency?
 Y N Other

- 10.) Do any of your family members receive services from this agency?
 Y N Other

- 11.) Are you always able to receive services from this agency?
 Y N Other