

SOCIETY OF ST. VINCENT DE PAUL HELPING NEIGHBORS STARTS AT HOME

COUNCIL PROGRAM FORM CONFIDENTIAL: Please submit to Council Office

At: requestcouncilprogram@svdpstl.org

		Date
Neighbor Name	Conference Name	
Neighbor Phone	Conference District	
Neighbor Address	Head of Household	
Neighbor City/State/Zip code	Neighbor County	

HOUSEHOLD INFORMATION				
	Adult Female(s)	Adult Male(s)	Number of Children	Notes
			17 and Under	
	Age(s)	Age(s)		
				Household Total
Totals				

HOME VISIT		
Name of Vincentian	Phone # of Vincentian	Email Address of Vincentian

SIGNED VERIFICATION OF INCOME AND ID			
D.O.B. on ID	Expiration Date on ID	Gross Income Source(s)	Gross Income Amount
New State 1996 to 11 and 1997 to 10 a Night to do 10 and 11 and 11			

Vincentian Initials: I have verified the Neighbor's ID and Income. X

UNIVERSAL DOCUMENTATION

- Signed and Witnessed Confidentiality Release
- □ Proof of Income or Certification of Zero Income □
- Verification of Identity
- Neighbor Story/Reason for Request

RELEASE OF CONFIDENTIAL INFORMATION

All information collected by the Society of St. Vincent de Paul (SVDP) staff, volunteers, and/or interns regarding
Neighbors or potential Neighbors is confidential. SVDP is committed to protecting the privacy of all Neighbors as
completely as possible. However, in some cases, it is necessary or desirable for us to either receive and/or share
information with others. The purpose of obtaining and/or sharing this information is to ensure Neighbors receive the
assistance needed.

I hereby authorize THE SOCIETY OF ST. VINCENT DE PAUL to access and release any information or records that are relevant for purpose of providing assistance for my needs for twelve months.

Neighbor Printed Name	
Neighbor Signature	Date
Witness Signature	Date

COUNCIL PROGRAM FORM

CONFIDENTIAL: Please submit to Council Office

Date _____

Neighbor's Name_____

PROGRAMS AND REQUIRED DOCUMENTATION (See individual program instructions for further details.)			
	Program	Documents Needed	Amount
	Beds	Copy of Council Program Form with Store Voucher Number	\$
	Bridges	2 Bids for Repairs, Replacements, or Other WorkW9 for New Vendors	\$
	Car Purchase	 Driving Record (from DMV) Verification of Valid Driver's License – D.O.B. & Expiration Date Proof of Full-Coverage Insurance Car Purchase Contract/Invoice (After Approval) 	\$
	Car Repair	 Estimate/Invoice from Repair Shop W9 if it's Not an SVDP Partner Repair Shop 	\$
	Disaster	 Red Cross Referral Sheet Copy of Store Vouchers W9 on Any New Vendors Other Documents as Needed 	\$
	Housing	 For Lease/Rent, First Page and Signed Pages of the Current Lease Agreement as well as Payment History For Mortgage, Copy of the Current Mortgage Statement W9 for New Vendors (Generally Not Needed for Mortgages) 	\$
	Utility Assistance	 Requesting Payment for Ameren and/or Spire Account Number – Ameren Name as it appears on Ameren Account Account Number - Spire Name as it appears on Spire Account Account 	\$
	Air Conditioner	Signed Heat Up St. Louis Release	\$
	Burial	 Burial Form Consent to Cremate (if Cremation is Desired) 	\$

PLEDGE INFORMATION

Total Amount Needed	\$ District Pledge	\$
Conference Pledge	\$ Council Pledge	\$
Twinning Pledge	\$	

NEIGHBOR IN NEED STORY/REASON FOR REQUEST

Attach additional pages if needed. If this is a Bridges, Housing, or Car Request, comment on the long-term impact on the Neighbor.