Date

Neighbor Name Neighbor Phone Neighbor Address Neighbor City/State/Zip Code

[**requestcouncilprogram@svdpstl.org**](mailto:requestcouncilprogram@svdpstl.org)

Conference Name Conference District Head of Household Neighbor County

How many people in the household?

Number of women age 18-59? Number of women age 60 or older? Number of men age18-59? Number of men age 60 or older? Number of children age 17 and younger?

Widowed

Domestic Partner

Single

Separated

Married

Divorced

Annulled

Marital Status:

**HOUSEHOLD INFORMATION**

|  |  |  |
| --- | --- | --- |
| **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 Monthly Income Amount |
|  |  | Employment Child support Unemployment benefits TANF SSI/SSD Other |  |
| Vincentian Initials: I have verified the Neighbor’s ID and Income. **X** | | | |

Verification of Identity

Neighbor Story/Reason for Request

Signed and Witnessed Confidentiality Release Proof of Income or Certification of Zero Income

**UNIVERSAL DOCUMENTATION**

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

**RELEASE OF CONFIDENTIAL INFORMATION**

Date

Neighbor’s Name

[**requestcouncilprogram@svdpstl.org**](mailto:requestcouncilprogram@svdpstl.org)

|  |  |  |  |
| --- | --- | --- | --- |
| **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 Work W9 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) Verification of employment  Personal property tax verification Signed Car Agreement Form | $ |
|  | Car Repair | Estimate/Invoice from Repair Shop  W9 if it’s Not an SVDP Partner Repair Shop | $ |
|  | 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 | Account Number – Ameren Name as it appears on Ameren Account Account Number – Spire Other utility Account Number | $ |
|  | Air Conditioner | Signed Heat Up St. Louis Release | $ |
|  | Burial | Burial Form  Consent to Cremate (if Cremation is Desired) | $ |

Total Amount Needed $ Conference Pledge $ Twinning Pledge $

**PLEDGE INFORMATION**

District Pledge $ Council Pledge $

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

**NEIGHBOR IN NEED STORY/REASON FOR REQUEST**