



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

Marital Status: Annulled Divorced Married Separated Single Domestic Partner Widowed

How many people in the household? _____

Number of women age 18-59? _____ Number of women age 60 or older? _____

Number of men age 18-59? _____ Number of men age 60 or older? _____

Number of children age 17 and younger? _____

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
		<input type="checkbox"/> Employment <input type="checkbox"/> Child support <input type="checkbox"/> Unemployment benefits <input type="checkbox"/> TANF <input type="checkbox"/> SSI/SSD <input type="checkbox"/> Other	

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

UNIVERSAL DOCUMENTATION

Signed and Witnessed Confidentiality Release Verification of Identity

Proof of Income or Certification of Zero Income 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 _____



Date _____ Neighbor's Name _____

PROGRAMS AND REQUIRED DOCUMENTATION (SEE INDIVIDUAL PROGRAM INSTRUCTIONS FOR FURTHER DETAILS.)

	Program	Documents Needed	Amount
<input type="checkbox"/>	Beds	<input type="checkbox"/> Copy of Council Program Form with Store Voucher Number _____	\$ _____
<input type="checkbox"/>	Bridges	<input type="checkbox"/> 2 Bids for Repairs, Replacements, or Other Work <input type="checkbox"/> W9 for New Vendors	\$ _____
<input type="checkbox"/>	Car Purchase	<input type="checkbox"/> Driving Record (from DMV) <input type="checkbox"/> Verification of Valid Driver's License – D.O.B. & Expiration Date <input type="checkbox"/> Proof of Full-Coverage Insurance <input type="checkbox"/> Car Purchase Contract/Invoice (After Approval) <input type="checkbox"/> Verification of employment <input type="checkbox"/> Personal property tax verification <input type="checkbox"/> Signed Car Agreement Form	\$ _____
<input type="checkbox"/>	Car Repair	<input type="checkbox"/> Estimate/Invoice from Repair Shop <input type="checkbox"/> W9 if it's Not an SVDP Partner Repair Shop	\$ _____
<input type="checkbox"/>	Housing	<input type="checkbox"/> For Lease/Rent, First Page and Signed Pages of the Current Lease Agreement as well as Payment History <input type="checkbox"/> For Mortgage, Copy of the Current Mortgage Statement <input type="checkbox"/> W9 for New Vendors (Generally Not Needed for Mortgages)	\$ _____
<input type="checkbox"/>	Utility Assistance	<input type="checkbox"/> Account Number – Ameren _____ <input type="checkbox"/> Name as it appears on Ameren Account _____ <input type="checkbox"/> Account Number – Spire _____ <input type="checkbox"/> Other utility _____ <input type="checkbox"/> Account Number _____	\$ _____
<input type="checkbox"/>	Air Conditioner	<input type="checkbox"/> Signed Heat Up St. Louis Release	\$ _____
<input type="checkbox"/>	Burial	<input type="checkbox"/> Burial Form <input type="checkbox"/> 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.