



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

COUNCIL PROGRAM FORM

CONFIDENTIAL: Please submit to Council Office

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
	Age(s) _____	Age (s) _____	17 and Under	
				Household Total
Totals				

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

SIGNED VERIFICATION OF INCOME AND ID			
License or ID #	Expiration Date	Gross Income Source	Gross Income Amount
Vincentian Initials: I have verified the client's ID and Income. X _____			

UNIVERSAL DOCUMENTATION	
<input type="checkbox"/> Signed and Witnessed Confidentiality Release	<input type="checkbox"/> Copy of Photo ID
<input type="checkbox"/> Proof of Income or Certification of Zero Income	<input type="checkbox"/> 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 clients or potential clients is confidential. SVDP is committed to protecting the privacy of all clients 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 clients 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
<input type="checkbox"/>	Beds	<input type="checkbox"/> Copy of the Store Voucher	\$
<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"/> Copy of Valid Driver's License <input type="checkbox"/> Proof of Full-Coverage Insurance <input type="checkbox"/> Car Purchase Contract/Invoice (After Approval)	\$
<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"/>	Disaster	<input type="checkbox"/> Red Cross Referral Sheet <input type="checkbox"/> Copy of Store Vouchers <input type="checkbox"/> W9 on Any New Vendors <input type="checkbox"/> Other Documents as Needed	\$
<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"/> Ameren <input type="checkbox"/> Spire <input type="checkbox"/> Other	<input type="checkbox"/> Account Number _____ <input type="checkbox"/> Copy of Bill or Disconnect Notice <input type="checkbox"/> Social Security 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)	\$
<input type="checkbox"/>	Prescription	No Additional Information Needed	\$

IF A VOUCHER IS REQUIRED, PLEASE INCLUDE A COPY OF THE VOUCHER.

PLEDGE INFORMATION

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

NEIGHBOR IN NEED STORY/REASON FOR REQUEST

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