



Date _____

Neighbor Name _____
Neighbor Phone _____
Neighbor Address _____
Neighbor City/State/Zip code _____

Conference Name _____
Conference District _____
Head of Household _____
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			
D.O.B. on ID	Expiration Date on ID	Gross Income Source(s)	Gross Income Amount

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 _____

COUNCIL PROGRAM FORM

CONFIDENTIAL: Please submit to Council Office

Date _____

Neighbor's Name _____

PROGRAMS AND REQUIRED DOCUMENTATION <small>(See individual program instructions for further details.)</small>			
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"/> 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"/> Requesting Payment for <input type="checkbox"/> Ameren and/or <input type="checkbox"/> Spire <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"/> Name as it appears on Spire Account _____		\$
<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
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.