



The Intake and Resource Connection

APPLICATION FOR FINANCIAL ASSISTANCE

Jewish Family and Children's Service of Minneapolis (JFCS)

13100 Wayzata Blvd., Suite 400, Minnetonka, MN 55305 • 952-546-0616 • www.jfcsmpls.org

Tips for filling out your forms and avoiding delays:

Fill out the Application for Financial Assistance **completely**.

1. If a question does not apply to you, **write N/A** (non-applicable) in the blank.
2. If you need more space to answer a question, **use the back** of Page 2 and write the number of the question you are answering.
3. **Mail, fax or e-mail** the completed application and your bills.

If you are requesting assistance with a bill:

1. **Include a copy** of that bill.
2. If you don't have a copy, **contact your service provider** (utility company, landlord, mortgage lender) to get a copy.
3. If you use online billing, submit **an e-mail copy** of the bill.
4. We only pay service providers directly.

Other important information for you:

1. While we understand you may have an urgent need for assistance, **we will only process an application that has been completed and all documentation has been received.**
2. You may need to sign an Authorization to Release Information form if we need more information for your application.
3. **JFCS will contact you** when your application has been approved.
4. It may take up to 10 work days to process your application.

Before sending your application, fill out this box:

Is my application completely filled out?

Have I attached a copy of each bill?

Have I put any answers on the back of Page 2?

FOR OFFICE USE ONLY

Date received:

Date all materials in:

Date processed:

Application for Financial Assistance
Jewish Family and Children's Service
of Minneapolis
13100 Wayzata Blvd., Suite 400
Minnetonka, MN 55305
952-546-0616
www.jfcsmpls.org



PAGE ONE

Applicant Name _____

1. Circle or specify what assistance you need.

Rent/mortgage Utilities Food Car repair Other (Be specific) _____

2. Why do you need this assistance now? Be specific.

3. Date of birth _____

4. Circle your marital status: Single Married Divorced Widowed Partnered

5. Spouse or partner name _____

6. Name(s) of dependent children _____

7. Address _____

City _____ State _____ ZIP _____

8. Home phone _____ Cell phone _____

9. E-mail address _____

10. Best way to contact you? _____ Is it OK to leave a message at this contact? Yes No

11. Employer _____ Current position _____

12. Length of current employment _____

13. Business phone _____ Business e-mail _____

14. What is your annual income amount? \$ _____

15. List other sources of income (i.e. alimony, rental income, social security, unemployment):

16. Are you Jewish? Yes No

If so, with what congregation are you affiliated? _____

17. Circle your gender: Male Female



18. Circle or specify your ethnicity: Black/Not Hispanic White/Not Hispanic
Hispanic Origin Native American/Alaskan Asian/Pacific Islander Other_____
19. If you are an applicant who is at least 24 years old, circle the highest level of education
you have completed: Grades 0-8 Grades 9-12/nongraduate High-school graduate/GED
Grade 12 + some secondary 2- or 4-year college Other _____
20. Do you have health insurance? Yes No Do you have a disability? Yes No
21. Circle or specify your family type: Single parent/female Single parent/male
Two-parent household Single person Two adults/no children Other_____
22. Circle or specify the type of housing you have: Own Rent Homeless Other_____
23. Are you currently or have you ever been a client of JFCS? ___Current ___Past ___No
24. List other agencies you have contacted for assistance and the status of the request.
25. What assistance from other agencies are you receiving?
26. Who referred you to JFCS for help?

I certify that all information provided by me is true, correct and complete.

X _____ **Date** _____

Applicant's Signature

Please mail this application to: Jewish Family and Children's Service of Minneapolis
13100 Wayzata Blvd., Suite 400 Minnetonka, MN 55305

Or fax to: 952-417-2146