



**INDIAN RIVER COUNTY - HUMAN SERVICES
APPLICATION FOR SERVICES**

APPOINTMENT

DATE: _____
TIME: _____

Applicant Name: _____ **Date:** _____

Physical Address: _____ **City:** _____ **Zip:** _____

Mailing Address: _____ **City:** _____ **Zip:** _____

Phone: (primary) _____ (secondary) _____ **Email:** _____

Ethnicity: Hispanic/Latino **Race:** Black Hispanic Native American Indian/Alaskan
 Non-Hispanic/Latino Asian White Native Hawaiian Other

Service Requested:

Prescription Voucher Food Pantry Rental/Utility FPL C2S Indigent Burial

Total Household Size: _____ **Monthly Household Income:** \$ _____

Monthly SNAP Benefit: \$ _____

Please list **ALL** household members below.

| Household Members | Social Security # | Relationship | DOB | M/F | Source of Income (if applicable) |
|-------------------|-------------------|------------------|-----|-----|-------------------------------------|
| | | <i>applicant</i> | | | |
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Are you or anyone else in the household a Veteran? YES NO

If applying for rental/utility assistant or FPL C2S, please state the reason you are unable to pay this month's bill: _____

Please explain how you plan to pay your rent or utility bill next month if we assist you: _____

I attest that the above information is accurate and complete.

Applicant Signature

INDIAN RIVER COUNTY
Human Services Department
1900 27th Street | Vero Beach, FL 32960
772-226-1422 | 772-770-5100 (fax)

DISCLOSURE OF INFORMATION

To Whom It May Concern:

I, _____, hereby grant permission and authorize disclosure to Indian River County Human Services any information with respect to my financial, social, medical, and psychological information that may be pertinent to my case.

I hereby certify, under penalty of perjury, that the information provided is true and accurate. I also understand that falsification of information is just cause for denial of all services.

Applicant Signature

Date

Staff Signature

Date

STATEMENT REQUIRED PURSUANT TO FLORIDA STATUES SECTION 119.071(5) FOR COLLECTION OF SOCIAL SECURITY NUMBERS.

INDIAN RIVER COUNTY COLLECTS YOUR SOCIAL SECURITY NUMBER, AND THE SOCIAL SECURITY NUMBERS OF ALL MEMBERS OF YOUR HOUSEHOLD, AS REQUIRED BY FEDERAL LAW FOR RECEIPT OF CERTAIN FEDERAL BENEFITS, FOR THE FOLLOWING PURPOSES: IDENTIFICATION AND IDENTITY VERIFICATION; INCOME AND EMPLOYMENT VERIFICATION; VERIFICATION OF NUMBER OF PERSONS IN HOUSEHOLD; VERIFICATION OF RECEIPT OF FEDERAL HOUSING ASSISTANCE; VERIFICATION OF ASSETS; AND DATA COLLECTION AND RECONCILIATION TO DETECT BENEFITS FRAUD. PLEASE NOTE THAT SOCIAL SECURITY NUMBERS ARE ALSO USED AS A UNIQUE NUMERIC IDENTIFIER AND MAY BE USED FOR SEARCH PURPOSES.