



# SEATTLE MILK FUND EMERGENCY FAMILY ASSISTANCE APPLICATION

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## PARENT INFORMATION

PLEASE PRINT OR TYPE LEGIBLY. ILLEGIBLE APPLICATION CAN DELAY PROCESSING!

S SN #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ D O B: \_\_\_\_/\_\_\_\_/\_\_\_\_ HmPh#:(\_\_\_\_) \_\_\_\_\_  
OTHERPh#(\_\_\_\_) \_\_\_\_\_ WkPh#:(\_\_\_\_) \_\_\_\_\_

NAME: \_\_\_\_\_  
(LAST NAME) (FIRST NAME) (MI)

ADDRESS \_\_\_\_\_ WA \_\_\_\_\_  
(STREET) (CITY) (ZIP)

MARITAL STATUS: SINGLE/LEGALLY SEPARATED  MARRIED/PARTNERED  SPOUSE NAME: \_\_\_\_\_

ETHNICITY:  
AFRICAN/AFRICAN AMERICAN/BLACK  ASIAN(Not Pacific Islander)  HAWAIIAN NATIVE or PACIFIC ISLANDER  LATINO/LATINA   
AMERICAN INDIAN or ALASKAN NATIVE  WHITE or CAUCASIAN  OTHER  UNKNOWN

## PLEASE LIST ALL CHILDREN IN THE FAMILY, CHECK BOX FOR SHOE VOUCHERS (SP) and/or BACKPACKS (BP)

Please Note, Shoe vouchers are for children AGE 1 YEAR and UP only. Backpacks are for grades K-12

(FIRST NAME) (LAST NAME)  
NAME: \_\_\_\_\_ / \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_ SV  BP   
NAME: \_\_\_\_\_ / \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_ SV  BP   
NAME: \_\_\_\_\_ / \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_ SV  BP   
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NAME: \_\_\_\_\_ / \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_ SV  BP

FOR ADDITIONAL CHILDREN USE ADDITIONAL SHEETS.

NUMBER OF ADULTS LIVING AT HOME (OTHER THAN YOURSELF): \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
HOUSEHOLD INCOME (SOURCE & AMOUNT)

PLACE OF EMPLOYMENT \_\_\_\_\_ HOW LONG \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMPLOYMENT INCOME \$\$ \_\_\_\_\_/WEEK \$ \_\_\_\_\_/MONTH

OTHER WORKER? \$\$ \_\_\_\_\_/WEEK \$ \_\_\_\_\_/MONTH

CHILD SUPPORT \$ \_\_\_\_\_/MONTH S.S.I/ SOCIAL SECURITY \$ \_\_\_\_\_/MONTH

PUBLIC ASSISTANCE/TANF \$ \_\_\_\_\_/MONTH UNEMPLOYMENT \$ \_\_\_\_\_/MONTH

FOOD STAMPS \$ \_\_\_\_\_/MONTH OTHER INCOME \$ \_\_\_\_\_/MONTH

W.I.C. \_\_\_\_\_/# OF CHILDREN

### RECURRING EXPENSES (PER MONTH)

RENT/MORTGAGE \$ \_\_\_\_\_ CHILD CARE \$ \_\_\_\_\_  
UTILITIES \$ \_\_\_\_\_ MEDICAL/DENTAL \$ \_\_\_\_\_  
PHONE \$ \_\_\_\_\_ FOOD \$ \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_

TRANSPORTATION \$ \_\_\_\_\_ INSURANCE \$ \_\_\_\_\_

OTHER EXPENSES: (STUDENT LOANS, CREDIT CARDS, LOAN PAYMENTS ETC)

_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____

CLIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**NEEDS ASSESSMENT COMPLETED BY THE REFERRING AGENCY**

**DOES THIS FAMILY RECEIVE HELP FROM OTHER SOURCES? ANY PERSON OR GROUP GIVING MONEY OR HELPING TO CARE FOR, FEED OR PROVIDE CLOTHING FOR MEMEBERS OF THE FAMILY. NO  YES  If yes please detail below:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHY IS HELP NEEDED NOW? Please explain the reasons that Seattle Milk Fund assistance is being requested. Please list what change of circumstance requires that the family receive help.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERRER INFORMATION –ALL INFORMATION IS REQUIRED**

REFERRED BY: \_\_\_\_\_  
(LAST NAME) (FIRST NAME) (MI)

TITLE: \_\_\_\_\_

PLEASE CHECK HERE IF YOU WOULD LIKE SHOE VOUCHERS MAILED DIRECTLY TO CLIENT

ORGANIZATION: \_\_\_\_\_

PHONE #: ( ) \_\_\_\_\_ FAX#: ( ) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

ADDRESS \_\_\_\_\_ WA \_\_\_\_\_  
(STREET) (CITY) (ZIP)

REFERRERS SIGNATURE: \_\_\_\_\_ TODAY'S DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**SHOE VOUCHER(S) WILL BE MAILED TO REFERRER UNLESS THE REFERRER REQUESTS TO HAVE THEM SENT DIRECTLY TO THE FAMILY. BACKPACKS, HOUSEHOLD OR OTHER SUPPLIES TO BE PICKED AT THE SEATTLE MILK FUND OFFICE AT THE DIRECTION OF THE SEATTLE MILK FUND VOLUNTEER ASSIGNED TO THIS CASE.**

NOTE: SEATTLE MILK FUND (SMF) WILL FILL YOUR REQUEST IF POSSIBLE. HOWEVER, YOU SHOULD KNOW THAT SMF IS AN ALL-VOLUNTEER ORGANIZATION THAT RAISES MONEY ON ITS OWN AND RECEIVES NO FUNDS FROM ANY GOVERNMENTAL AGENCY. SMF EXERCISES LIMITS ON ASSISTANCE IN ORDER TO PROVIDE AID TO AS MANY FAMILIES AS POSSIBLE. FILES ARE ALWAYS CHECKED FOR PREVIOUS CONTACTS WITH ANY FAMILY REQUESTING AID. DUE TO LIMITED FUNDING, WE MUST PRIORITIZE FAMILIES IN TEMPORARY OR EMERGENCY NEED WHO DO NOT QUALIFY FOR OTHER AID PROGRAMS FOR FOOD, HOUSEHOLD AND BABY SUPPLY ASSISTANCE.