

RECERTIFICATION

FAMILY #

Name		Date	
Address		Town	
Phone			

Total Number in Household (including non-family members)

Adults		Children		Infants		Seniors	
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Income:

Monthly Income		Source	
Monthly Income		Source	
Monthly Income		Source	
Monthly Income		Source	
TOTAL INCOME			
Food Stamp Amount			
WIC	Yes	No	

Expenses:

Rent/Mtg		Car Pay't		H/O Ins	
Mtg		Auto Ins		Water	
Electric		Cr Cards		Sewer	
Gas/Oil		Daycare		Prop Tax	
Cell Phone		Medical		Auto Tax	
Phone		Prescrip.		Savings Acct	
Cable		Life Ins		Ckg Acct	
Internet		Health Ins		Retire Acct	
	0		0		0

Total Income			
Total Expenses	0.00	Monthly net after Exp	#VALUE!

Status:

- Assist as Needed
- Assist with Clothing/Holiday Baskets/School Drive/Energy Assistance
- Assist with Non food Items
- One Time Assistance Only
- No Assistance

(Review in weeks months)

Reason:

- Incomplete Application
- Not following recommendations i.e.: applying to states, town or agency
- Verbal or physical abuse to staff or volunteers
- Over income vs. expenses ratio
- Has other resources to fall upon i.e. savings, cd's, retirement
- Missed two appointments without calling
- Shared household, where expenses are not in clients name
- High cable, electricity, phone or cell phone useage
- Inappropriate behavior causing debt
- Other
- Comments:** _____
- _____
- _____

