



## Application for Services/Client Update

Is this your first time at Crossroads? YES NO

Date \_\_\_\_\_

*Please complete the following information. List yourself first. Shaded information will be completed by Case Manager*

Full Name of Each Household Member	Date of birth	Ethnicity	ID 18+	Relationship	Disabled?
				Head of Household	

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Is the address permanent or temporary? \_\_\_\_\_

Is the mailing address the same as above? YES \_\_\_\_\_ NO \_\_\_\_\_ - If no, Please provide address below:

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_

Alt. Phone ( ) \_\_\_\_\_

**DOCUMENTATION PROVIDED**

- Photo ID for each adult in Household
- Proof of Residence in Estes Valley: Xcel Energy    Town of EP    Lease    Contract
- Proof of Income for all members of household
- OTHER:

NOTES/DOCS NEEDED:

Client Name: \_\_\_\_\_

**HOUSEHOLD BUDGET FOR ONE MONTH**

*Please list ALL sources of income for ALL members of HH- including odd jobs.*

HH Member Name	Employer	Hourly Rate	Hours	Total Per Ch	Pay Freq
<b>TOTAL WAGES</b>	<b>\$</b>				

Aid Programs	Date Applied	Eligible?	Pay Date	Amount
Child Support				
CCAP				
Food Stamps				
LEAP				
Retirement/Pension				
SS/SSI				
SSDI				
TANEF/A&D				
VA				
WIC				
<b>TOTAL AID</b>	<b>\$</b>			

*Please list all expenses*

Bills	Monthly \$	Bills	Monthly \$	Bills	Monthly \$
Food	\$	Home/Rent	\$	Travel	\$
Mortgage/Rent	\$	Health Insur	\$	Gifts	\$
Child Support	\$	Medical Exp	\$	Pets	\$
Electricity	\$	Prescription	\$	Cleaning Sup	\$
Gas/Propane	\$	Credit Cards	\$	Alimony	\$
Water	\$	Personal Loa	\$	Health Club	\$
Cell/Land Phone	\$	Child Care	\$	Cigarettes	\$
Internet/Cable	\$	School Expe	\$	Alcohol	\$
Auto Payment	\$	Clothing	\$	Storage	\$
Auto Insurance	\$	Entertainme	\$	Help other H	\$
Gasoline	\$	Auto Repair	\$	Other	\$
<b>TOTAL EXPENSES</b>	<b>\$</b>	HEALTHCARE SOURCE: Medicaid Medicare Insurance CICIP None			

Income (Wages + Aid)	\$ _____	<b>Recommendations</b>
Expenses -	\$ _____	
Difference =	\$ _____	

## CLIENT AGREEMENT

I request to become a client of Crossroads Ministry of Estes Park, and I agree to the following:

1. I understand that I am entitled to be treated with dignity, respect and courtesy by every employee and volunteer at Crossroads Ministry.
2. I agree to treat every employee and volunteer of Crossroads Ministry with dignity, respect and courtesy.
3. I understand that I am entitled to nothing from Crossroads Ministry, and that the ministry is not required to meet any of my requests.
4. I will be truthful, honest and complete in answering all questions on the Crossroads Ministry Client Information Sheet and will notify Crossroads Ministry of any changes.
5. I understand that I am not allowed to authorize any person living outside my household to seek services in my name.
6. I understand that if any Crossroads Ministry employee or volunteer deems that I am under the influence of any substance that services will be denied to me at that time.
7. I understand that Crossroads Ministry's staff has a responsibility to call appropriate law enforcement authorities if I attempt to drive off the premises while under the influence of drugs and/or alcohol.
8. I understand that Crossroads Ministry's staff has a responsibility to report any suspected occurrence of child abuse, child neglect, elderly abuse or elderly neglect to the appropriate authorities.
9. I understand that Crossroads Ministry's staff has a responsibility to contact local law enforcement authorities if I make any threat to do harm to myself or another individual.
10. I understand that I have a responsibility to provide all requested information and documentation in a timely manner.
11. I agree to complete the Money Matters course within **three** months of my first visit to Crossroads Ministry in order to remain a client with all service privileges. Clients who have completed the course five years ago or longer need to attend a refresher course to benefit you and help you organize your financial house.
12. I understand that some of the food products I receive are perishable and require refrigeration, and that if I fail to refrigerate or prepare the food properly, Crossroads Ministry is not responsible.

**I agree and understand that it is my duty to comply with all parts of this agreement. I also understand that my failure to comply with this agreement could result in the termination of all services I receive from Crossroads Ministry.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Crossroads representative signature

\_\_\_\_\_  
Date



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admin@crossroadsministryofep.org  
www.crossroadsministryofep.org

## INFORMATION RELEASE

I, the undersigned, authorize Crossroads Ministry of Estes Park to exchange information about me or my household members for the purpose of providing assistance to me, verifying the information I have provided, and verifying information I have provided to partner agencies and individuals. This information release also extends to any follow up that may be necessary between Crossroads Ministry of Estes Park and any individual, agency or vendor who provides services to me. I also agree that Crossroads Ministry of Estes Park may exchange information about me with other similar institutions and agencies to alleviate any duplication of services. I authorize such person, agency, or institution to provide such information requested by Crossroads Ministry of Estes Park. I release any/all persons, agencies and institutions from any liability for supplying such information.

This agreement is valid through December 31, 2018.

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Crossroads representative signature**

\_\_\_\_\_  
**Date**