

Fair Lawn Human Services Department 2011 Information Update

The Fair Lawn Human Services Department assists individuals and families who are temporarily in need of assistance. We also assist our clients in attaining additional services that may benefit them during the hard times in their lives.

We will be happy to assist you and we offer these guidelines to you so that we can provide the most help:

1. Please provide proof of residency in the form of a drivers license, current lease or utility bill.
2. If you are currently collecting assistance (TANF, food stamps, disability, unemployment, etc.) of any type please provide a copy of your acceptance letter or most recent check for our records.
3. Please fill out the attached information sheet. This is only for our records and will not be shared with anyone outside of this office. If you have recently filled out an intake sheet, please fill out this one also as we need this to update our files.
4. Please call 201-794-5333 before coming in to the office for assistance. **Please do not stop in without calling as we may be unable to help you when you arrive.**
 - a. I will be taking "orders" for food bags up until Tuesday, I will then pack the bags and have them ready for pick up on Wednesday afternoons (After 12 NOON). You are not required to pick up your bag on Wednesday but you will be required to call in by Tuesday or you will have to wait until the following week. Please call me at 201-794-5333 or email me: hhs@fairlawn.org no and tell me what you need. You can leave this on my voicemail. I will pack up the bags on Wednesday mornings only. They will be available for you to pick up after Noon in Room 112.
5. Residents can receive one bag of food per week. If the Food Pantry is short on supply then alternate guidelines may be temporarily enacted.

It is our hope that we can provide you the ability to get back on your feet. If there is anything else that we can do for you please do not hesitate to ask. We will do what we can.

**FAIR LAWN DEPARTMENT OF HUMAN SERVICES
INTAKE SHEET**

First Name	Last Name
Address	
City	
Contact Phone#/Email Address:	

FAMILY COMPOSITION:

Adults (Names/Ages):	
Child #1 (Name/Age/Birthdate)	
Child #2 (Name/Age/Birthdate)	
Child #3 (Name/Age/Birthdate)	

REASON FOR ASSISTANCE: (CHECK ALL THAT APPLY):

Natural Disaster		Pending receipt of Paycheck	
Check lost/stolen/destroyed		Unemployed (Receiving Unemployment)	
Benefits Delayed		Unemployed (No Unemployment)	
Denied Benefits		Seasonal/Temp Work	
Ineligible for Benefits		Money Management Problem	
Insufficient Assistance		Unusual housing/moving expenses	
Pending receipt of Assistance		Domestic difficulties/Divorce	
Insufficient pay/hours		Illness or injury	
On Strike		Other: _____	

THIS INFORMATION IS ONLY USED TO TRACK OUR RESIDENT'S GENERAL NEEDS FOR REPORTS.

SPECIAL ACCOMODATIONS

Cooking facilities?	Y	N	
Dietary Restrictions:	Y	N	Type:
Baby Food/Formula:		Diapers? Size?	

SOURCE OF SUPPORT (INCLUDE ALL PEOPLE PLEASE)

Work	\$
Food Stamps (amount)	\$
TANF/GA (amount)	\$
Earned Entitlement (SS, SSD, SSI, UI)	\$
Child Support	\$
No Income/Other Income	\$

EXPENSES

Housing Costs	\$
Utilities	\$
Child Care	\$
Car Payments, Insurance, etc.	\$
Other	\$

Homeless Residents:	Live w/Friend/Family:	Y	N	Lives in Shelter/Motel:	Y	N
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Clients Signature:

Date:

NOTES: