

ENCAP FINANCIAL ASSISTANCE SCREENING FORM

Today's Date:								
First Name:					Last Name:		MI:	
DOB:		Phone #:			Email Address:			
Street Address:							Apt/Suite #:	
City:					State:		Zip Code:	
County:		Douglas Sarpy		Total # of Household Members:				
Does your household currently have at least one source of income?				Yes		No		

Please check all types of assistance you are requesting, including the current amount owed and due date for each.			
	Rent Payment	\$	Eviction Date:
	Security Deposit	\$	Due Date:
	Utilities	\$	Shut-off Date/s:
	Transportation	\$	Due Date:
	Medical	\$	Due Date:

Are you currently experiencing or in danger of experiencing a life threatening or health related emergency due to a utility disconnect?	Yes	No	Unsure
Are you currently receiving financial assistance from another agency?	Yes	No	Unsure
Have you applied for financial assistance with another agency?	Yes	No	Unsure
If you received financial assistance from ENCAP before, when was the last time?			

COVID-19 Proof of Hardship

I hereby certify that the COVID-19 pandemic had a major health or financial impact on me or someone in my household in the following ways (check ALL that apply):

Worked fewer hours, lost my job, or had more expenses because I was diagnosed with/exposed to COVID and had to quarantine and/or receive treatment.

Worked fewer hours, lost my job, or had more expenses because I had to care for a child or other family member.

Worked fewer hours or was laid off because my employer closed or lost business.

Worked fewer hours or was laid off because my employer moved to remote work and I did not have the ability to work remotely.

Had more expenses related to food or other basic needs when businesses/agencies were closed.

Had more medical expenses (for ex, reduced physical activity caused a fall-related injury, increased stress caused a condition like high blood pressure to get worse, or care for an unrelated condition was denied/delayed during the health care worker shortage).

Other reason (please specify): _____

What other needs do you/your family have right now besides financial assistance? Choose all that apply.

Assistance with getting or keeping a job

Help to further my education or gain more job skills

Money management/budgeting assistance

Help to build emergency savings

Help with benefits (LIHEAP, SNAP, ADC, SSDI, Child Care Subsidy, etc.)

Basic need items (clothing, diapers, etc.)

Help with housing

Referrals to legal services, counseling, or other resource

Help to build a social support network

Guidance and support related to parenting/family relationships

Other: _____