

Office Use Only (circle one): New Client Returning Client  
 Service(s) Requesting (circle all that apply): Food Clothing Shelter Other \_\_\_\_\_



# APPLICATION FOR ASSISTANCE

## APPLICANT INFORMATION

Name:

Date of birth:	SSN:	Home Phone:	
		Cell Phone:	

Current address:

City:	State:	ZIP Code:	County:
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Own    Rent <i>(Please circle)</i>	Monthly payment or rent:	How long?
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Veteran: [ ] Yes [ ] No    Disabled? [ ] Yes [ ] No	Do you receive any Public Assistance? [ ] Yes [ ] No If so, what? TANF, Food Stamps, Medicaid, Other: _____
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Hispanic: [ ] Yes [ ] No    Race: [ ] White [ ] African American [ ] Asian [ ] Native American [ ] Other \_\_\_\_\_  
 Languages (spoken) \_\_\_\_\_

## EMPLOYMENT INFORMATION

Current employer:

Employer address:	How long?	
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly    Salary <i>(Please circle)</i>	Annual income:

## EMERGENCY CONTACT

Name of a relative not residing with you:

Address:	Home Phone:	
	Cell Phone:	

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City:	State:	ZIP Code:
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Relationship:

## SPOUSE INFORMATION

Name:

Date of birth:	SSN:	Home Phone:	
		Cell Phone:	

Veteran:  Yes  No    Disabled?  Yes  No    Do you receive any Public Assistance?  Yes  No  
 If so, what? TANF, Food Stamps, Medicaid, Other: \_\_\_\_\_

Hispanic:  Yes  No    Race:  White  African American  Asian  Native American  Other \_\_\_\_\_  
 Languages (spoken) \_\_\_\_\_

## SPOUSE EMPLOYMENT INFORMATION

Current employer:

Employer address:	How long?
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Phone:	E-mail:	Fax:
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City:	State:	ZIP Code:
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Position:	Hourly    Salary <i>(Please circle)</i>	Annual income:
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## HOUSING INFORMATION

Are you homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No	How long have you been homeless? _____ mnth/yr(s)	Have you or your family applied for Public Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No  If no, we can help you apply for Public Assistance. Your answer do not prohibit our services to you and your family.
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Do you want WINS to help you to apply for Public Assistance?  Yes  No

## HOUSEHOLD INFORMATION

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# APPLICATION FOR ASSISTANCE

Name of children/dependent living with you (Include yourself in line 1)	Gender (circle)	Date of Birth	Age	Relationship
1)	M / F			
2)	M / F			
3)	M / F			
4)	M / F			
5)	M / F			
6)	M / F			
7)	M / F			
8)	M / F			
9)	M / F			
10)	M / F			

**OTHER THAN those listed above, list other (adults 18 & older) that are living with you:**

- |    |                            |         |                |
|----|----------------------------|---------|----------------|
| 1) | INCOME (CIRCLE): YES OR NO | SOURCE: | ANNUAL INCOME: |
| 2) | INCOME (CIRCLE): YES OR NO | SOURCE: | ANNUAL INCOME: |

**TOTAL NUMBER OF PEOPLE LIVING AT CURRENT ADDRESS:**  
 \_\_\_\_\_ ( # of Adults \_\_\_\_\_ # of Children \_\_\_\_\_ )

**SIGNATURES**

**BEFORE SIGNING APPLICATION BELOW PLEASE BE SURE TO COMPLETE ALL ITEMS;  
 FAILURE TO DO SO MAY DELAY PROVISION OF SERVICES.**

I understand the information I provide on or with this application is subject to verification to determine if the information is correct. If any of the information is incorrect, assistance may be denied for up to 1 year for knowingly providing incorrect information.

Signature of applicant:	Date:
Signature of spouse (only if applying for service):	Date:

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## **W.I.N.S., Inc. RELEASE AND WAIVER OF LIABILITY APPLICANT**

This Release and Waiver of Liability (the "Release") sets forth certain terms and respect to Applicant's request for certain assistance and services and is executed in favor of **Women In Need Safehaven (W.I.N.S.), Inc.**, a nonprofit corporation, its directors, officers, employees, volunteers, agents, successors and assigns (collectively, 'W.I.N.S., Inc.'). Applicant desires for W.I.N.S., Inc. to provide certain assistance and services. Applicant's signature below indicates Applicant's acknowledgement and agreement, without duress, to the following terms:

**WAIVER AND RELEASE.** Applicant does hereby release forever discharge and hold harmless W.I.N.S., Inc. from and all liability, claims and demands of whatever kind, either in law or in equity, which arise or may hereafter arise from W.I.N.S., Inc. activities for or on behalf of Applicant. Applicant understands and acknowledges that this Release discharges W.I.N.S., Inc. from any liability or claim that the Applicant may have against W.I.N.S., Inc. that may result from W.I.N.S., Inc. activities for or on behalf of Applicant and/or Applicant's minor children, if applicable whether caused in whole or in part by Applicant's negligence or the negligence of W.I.N.S., Inc.

**ASSUMPTION OF RISK.** Applicant understands that the food W.I.N.S., Inc. distributes is donated to W.I.N.S., Inc. by third parties. In connection, thereto, Applicant assumes all risk of accepting and consuming such food and releases W.I.N.S., Inc. from all liability resulting from the consumption of such food.

**DISCLOSURE OF INFORMATION.** Applicant understands and agrees that all personal information provided by Applicant to W.I.N.S., Inc., whether provided through the Application for Assistance, through other written communication or verbally, may be shared with third party service providers that conduct activities related to the type of assistance and services provided by W.I.N.S., Inc.

**OTHER.** Applicant expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Georgia, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Georgia. Applicant agrees that in the event that any portion of the release is held to be invalid, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this release which shall continue to be enforceable.

**IN WITNESS WHEREOF,** Applicant has read and voluntarily signed this Release, and further agrees that no oral representations, statements, or inducements apart from the foregoing written agreement have been made.

\_\_\_\_\_  
**Applicant Name (Print)**

\_\_\_\_\_  
**Spouse Name (Print) (if applying for service)**

\_\_\_\_\_  
**Applicant Name (Signature)**

\_\_\_\_\_  
**Spouse Name (Signature)**

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

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