



LGBTQ+ EMERGENCY FUNDS INTAKE FORM

Last Name _____ First Name _____ Middle Name _____
Address _____ City _____ Zip _____ Rent ☐ Own ☐ House ☐ Apartment ☐
Phone Numbers: Home _____ Cell _____ Work _____ E-mail _____
What is your primary language? ☐ English ☐ Spanish ☐ Creole ☐ Other _____ Marital Status _____
Date of Birth _____ Disabled?: Hearing ☐ Vision ☐ Other ☐
Your Race _____ Ethnicity _____ HIV: ☐ Yes ☐ No AIDS: ☐ Yes ☐ No ☐ Prefer not to disclose
Are you: U.S. Citizen? ☐ Yes ☐ No
Do you have health insurance/Medicare/Medicaid? ☐ Yes ☐ No
Spouse's/Partner Name _____
Number of persons in household (incl. yourself) _____ Number of children under 18 in household _____
Emergency contact name and phone number: _____
Domestic Violence Victim? ☐ Yes ☐ No Veteran (incl. the Reserves or National Guard)? ☐ Yes ☐ No
Is any member of your household a veteran (including the Reserves or National Guard)? ☐ Yes ☐ No
Are you the widow/widower of a veteran? ☐ Yes ☐ No
Are you the caretaker of a minor child whose parent is a deceased veteran or active serviceperson? ☐ Yes ☐ No
Are you employed? ☐ Yes ☐ No
Who is your employer _____ Address _____
Are you a Collier County Resident for the past 6 months or more ☐ Yes ☐ No

DEMOGRAPHICS – This section is voluntary and is used for reporting purposes only. Reports are presented only with demographic information and absolutely no client identifiers. The information will not be used for a discriminatory purpose.

Gender Identity: ☐ Female ☐ Male ☐ Trans M-F ☐ Trans F-M ☐ Questioning ☐ Non-Conforming ☐ Prefer not to Answer
Sexual Orientation: ☐ Heterosexual ☐ Lesbian ☐ Gay ☐ Bisexual ☐ Questioning ☐ Queer/Pansexual/Omnisexual/Fluid
☐ Additional identity not listed, please specify: _____ ☐ Prefer not to Answer
List your full name as shown on Legal Documents: _____
How would you like us to address you: _____

	Weekly	Bi-Weekly	Monthly
Your GROSS salary or self employment income (before taxes or deductions are taken out):			
Other Household Members' GROSS income			
Child Support / Alimony			
Unemployment Compensation / Workers Compensation			
Social Security / SSI			
VA / Retirement / Pension			
Other Income (including contributions from family, friends, cash gifts)			

Do you anticipate a significant change in your income in the near future? ☐ Yes ☐ No Explain: _____

I need help concerning: _____

My immediate needs include:	
Food	
Transportation	
Housing	
Medical	
Employment	
Legal services	
Other	

PLEASE READ AND SIGN

The information I have given on this application is TRUE AND CORRECT to the best of my knowledge. I have read the above policies and agree to apply for emergency funds. I understand that after receiving the funds I am committing to provide a testimonial regarding how the funds help me.

Signature: _____ **Date:** _____