

CATHOLIC CHARITIES MASTER SCREENING SHEET

1. What is your name? _____
2. What is your address? _____
3. How long have you lived at this address? _____
4. Where did you work?
5. Are you a Veteran? If yes, refer to Ready, Vet, Go! program
6. Are you a victim of Super Storm Sandy? If yes, do you have a FEMA #? _____
7. Do you have an eviction notice with a docket # and court date? If, yes, what is the date? _____
- 7 What is your source of income? _____
 - A. Monthly Gross? _____
 - B. Monthly Net? _____
 - C. Do you get Foodstamps? If yes, how much? _____
 - D. How many in your household? Ages of children? _____
8. How much is your rent? _____
 - A. What months are you behind? _____
 - B. How many bedrooms do you have?
 - C. Do you pay gas, oil or propane? If yes, approximately how much monthly?

 - D. Do you pay electric? If yes, approximately how much monthly? _____
9. For utility assistance: Electric Gas Water Oil
 - A. Do you have a shut off notice? _____
 - B. What is the past due balance? _____