

# Heartland Coalition for the Homeless Contact Application

The Heartland Coalition for the Homeless (HCH) helps individuals and families who are currently experiencing homelessness or at-risk of homelessness within the service areas of Highlands, Hardee, Hendry, Glades, Desoto, and Okeechobee Counties.

Due to the current volume, it may take HCH Staff additional time to reach out. Please limit one HCH Contact Application per household. Additionally, HCH will be unable to reach out if your situation does not meet HCH's funding criteria.

HCH does not have continuous access to hotel funds.

Please contact 211's Homeless Helpline for quicker access to information regarding family and individuals shelter placements.

NAME:

First \_\_\_\_\_ Last \_\_\_\_\_

GENDER: \_\_\_\_\_ PRIMARY RACE: \_\_\_\_\_

SECONDARY RACE: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

BIRTHDATE (Month, Day, Year): \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FAMILY DYNAMIC:

\_\_\_\_\_ Single Adult

\_\_\_\_\_ Family without Minor Children

\_\_\_\_\_ Family with Minor Children

\_\_\_\_\_ Senior 55+

\_\_\_\_\_ Family Member with Head of Household with Disability

HOUSEHOLD SIZE: \_\_\_\_\_

NUMBER OF ADULTS IN THE HOUSEHOLD, INCLUDING SELF: \_\_\_\_\_

NUMBER OF CHILDREN IN THE HOUSEHOLD (18 AND UNDER): \_\_\_\_\_

Email Address: \_\_\_\_\_

Who referred you to HCH: \_\_\_\_\_

What County are you currently residing in?

Highlands \_\_\_\_\_

Hardee \_\_\_\_\_

Hendry \_\_\_\_\_

Glades \_\_\_\_\_

Desoto \_\_\_\_\_

Okeechobee \_\_\_\_\_

Are you a Veteran? YES \_\_\_\_\_ NO \_\_\_\_\_

Were you financially affected by COVID? YES \_\_\_\_\_ NO \_\_\_\_\_

Were you affected by a Disaster i.e., hurricane IAN? YES \_\_\_\_\_ NO \_\_\_\_\_

What is your household's total monthly income? \_\_\_\_\_

Where did you sleep last night? \_\_\_\_\_

Current address or your last permanent address:

Street Address

\_\_\_\_\_

\_\_\_\_\_

City

State/Province/Region

\_\_\_\_\_

\_\_\_\_\_

Postal / Zip Code

Country

What service are you seeking?

\_\_\_\_\_ I need rental assistance for myself and \_\_\_\_\_ my family.

\_\_\_\_\_ I have identified a unit and need help with move-in costs.

\_\_\_\_\_ I need help with past due rent.

I understand that I will only be contacted if I meet the eligibility requirements.

\_\_\_\_\_ Yes

\_\_\_\_\_ No

