



LGBTQ+ EMERGENCY FUNDS INTAKE FORM

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ Zip _____ Rent Own 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 _____

Race _____ Ethnicity _____ HIV: Yes No AIDS: Yes No Prefer not to Disclose

Are you a US Citizen: Yes No

Do you have health insurance/Medicare/Medicaid? Yes No

Spouse's/Partners Name _____

Number of Persons in Household (including yourself) _____ Number of children under 18 in household _____

Emergency Contact name and phone number _____

Domestic Violence Victim Yes No Veteran (including 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 a widow/widower of a veteran? Yes No

Are you a 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 _____

Have you been a Lee 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 Member's 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 fund. I understand that after receiving the funds I am committing to provide a testimonial regarding how the funds help me.

Signature: _____ **Date:** _____

Once completed please send via email to visualityfloridainc@gmail.com