

My Way

Elisha Ministries, Inc.

Community Case Management and Transportation Application

608 South Trenton St. Ruston, LA 71270 (318) 251-1233

Disclaimer: *This application does not guarantee services.*

Visit us online at www.elishaministriesnela.org, like us on Facebook and connect with us.

Your Information (We will need a copy of your State ID, Birth Certificate, Passport and SSA Card)

Last Name _____ First Name _____ Middle Name _____ Age ____ Race _____

Date of Birth _____ Social Security Number _____ Telephone _____

Current Address Apt. _____ Mailing Address (if different) _____

City _____, State _____ ZIP _____ Are you Homeless? _____ Yes _____ No

Are you facing eviction? __ Yes ____ No If so when? _____

Have you been served? ? __ Yes ____ No If so when? _____

Do you plan to stay in your present location area? __ Yes ____ No

I am applying for: ____ Medical / Psychiatric Assistance ____ Food Stamps or TANF / (Temporary Assistance for Needy Families/General Assistance for Children) ____ IDA (Interim Disability Assistance) ____ Transportation

Disabled Applicant

Is anyone in your household mentally or physically disabled? _ Yes _ No If YES, who? _____

(Food Stamps Only): *Your Food Stamps amount may depend on your housing, utility, and medical bills. Please tell us the current amount of these bills. Do not include any past due amount. To qualify for more Food Stamps, you must provide proof of these bills. If you do not, we will assume that you do not want this deduction.*

Please share your monthly debt expenditures:

Rent or Mortgage (We will need a copy of your lease or mortgage)

Rent / Mortgage How much? *Do not list property tax, insurance, or condo fees separately, if they are already included in your rent /mortgage amount.* ____ Property Taxes* ____ Homeowner's Insurance ____ Other ____ Who pays? _____

Do you pay for heating or air-conditioning separately from your rent? __ Yes ____ No

Did you get LIHEAP (Low Income Home Energy Assistance Program) benefits during the past 12 months? Yes ____ No ____

If yes, how much did you get? \$ _____

Utility Bills (if separate from rent/mortgage) Do you pay any money for the following utilities (separate from your rent)?

____ Electric Bill ____ Gas Bill ____ Water Bill ____ Phone Bill (including cell) Other _____ Total _____

1. Is there anyone who is disabled or age 60 or older who pays medical bills?

____ Yes ____ No If YES, who pays? _____ How much do they pay each month? \$ _____

2. Does anyone in your home pay child support? __ Yes ____ No If YES, who pays? _____ How much do they pay each month? \$ _____

Health Benefits (We will need a copy of your benefits)

Medicare: Does anyone have Medicare (a red, white and blue card)? If YES, who? _____

Health Insurance Does anyone have any other insurance? __ Yes ____ No If YES, please provide copy.

Medicaid: ? __ Yes ____ No If YES, please give us a copy of the insurance card.

Medical Bills: Did anyone have any medical bills in the last three months? How Much _____

Transportation: *Transportation is Non-emergent and no medical services or provided. Must make appointments at least 24 hours in advance.*

Do you need transportation to ____ medical appoint ____ grocery store ____ visit family or friend ____ pay bills.

Your location address: _____ Your Destination Address or Location _____

How Often __ 1 – 3 xs per week ____ 3 – 5 xs per week

What city? __ Ruston \$5.00 one way, \$10.00 round trip or \$ 25.00 per month in Ruston for 8 trips only.

____ Arcadia, Jonesboro, and Farmerville \$15.00 one way and \$20.00 round trip

____ Monroe \$20.00 one way.

Thank you for your service!