

# Side Side

November 2020

To protect you and our volunteers against the transmission of novel coronavirus (COVID-19) we are modifying our screening process.

Please follow these steps:

1. Complete the Side by Side, Inc. application page with all the information requested. Remember to initial 3 sections at the bottom, sign your name and date it.
  2. Complete the Side by Side, Inc. Client Information Sheet with as much information as needed to help us understand your situation.
  3. Return this sheet and those 2 completed forms **by November 18<sup>th</sup>** to [sidebysidelakegeneva@gmail.com](mailto:sidebysidelakegeneva@gmail.com) or return by mail, **postmarked by November 18<sup>th</sup>** to **715 Wisconsin Street, Lake Geneva WI 53147.**
- You will be contacted by phone to discuss your application and your need. This phone conversation will take about 15 minutes.

List when convenient for you to talk, leave blank if anytime is fine:

DAY OF WEEK	MORNING	AFTERNOON	EVENING
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Monday			
Tuesday			

Best Phone Number to Reach You \_\_\_\_\_

4. Meanwhile, contact anyone you owe bills to, such as bank, mortgage, rent, car payments, utility companies, etc ... find out if they can assist you in extending due dates etc. They may be able to help you with deferred payment options.



Client Information

PLEASE REMEMBER TO PRINT CLEARLY

Side by Side can only offer assistance to those who live in the Badger High School District.

- 1. Family/Individual name \_\_\_\_\_
- 2. Story highlights briefly – what you need help with and why: (if necessary, use back of form). Include dollar amounts.
- 3. Have you filed your 2019 tax return yet? Yes \_\_\_ No \_\_\_
- 4. Do you have an eviction notice? Yes \_\_\_ No \_\_\_
- 5. Other resources to help you out: (family, friends, landlord)
- 6. Are you receiving or have you applied for unemployment? Yes \_\_\_ No \_\_\_
- 7. Other agencies helping you: (Salvation Army, Food Share, Human Services, Social Workers, etc)
- 8. Do you have health insurance coverage? Yes \_\_\_ No \_\_\_
- 9. Are you a veteran? Yes \_\_\_ No \_\_\_
- 10. Are you using the food pantries? Yes \_\_\_ No \_\_\_
- 11. Have you applied for Energy Assistance? Yes \_\_\_ No \_\_\_
- 12. Please complete the following information. We will verify with your landlord.

Landlord/Mortgage holder:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Utilities:	Account Holder Name	Amount Owed	Account Number
Alliant	_____	_____	_____
We Energy	_____	_____	_____
Water Dept.	_____	_____	_____

To be completed by Side by Side member:

Volunteer name: \_\_\_\_\_

Date called: \_\_\_\_\_ Recommendation: \_\_\_\_\_

Other information:

**Please print clearly and legibly**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_ School Dist. \_\_\_\_\_

Property Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

At this address how long? \_\_\_\_\_ Type of Assistance Requested: \_\_\_\_\_

Be prepared to show Proof of Identification (DL, ID, SS#) (One form of photo ID req) and proof of address (current utility bill or lease)

Full Names of ALL Household Members	Disabled? Yes/No	Employed Yes/No	Age	Birthdate	Health Ins. Yes/No	M/F	Marital Status

For all adults in household that are unemployed, give reason for unemployment: \_\_\_\_\_

Total Household Income: \$ \_\_\_\_\_ Rent/Mortgage Amount per Month: \$ \_\_\_\_\_

Landlord address and phone # \_\_\_\_\_

Employer: Self \_\_\_\_\_ Employer: Spouse \_\_\_\_\_

Do you have other support(child support, family, friends,church, etc.?) Please explain: \_\_\_\_\_

What assistance are you currently receiving(Housing Assist., Food Stamps, Energy Assist., W-2)? \_\_\_\_\_

Have you ever received assistance from Side by Side, or any similar group? \_\_\_\_\_

How did you hear about Side by Side? \_\_\_\_\_

*The above information is true and accurate to the best of my knowledge \_\_\_\_\_ (initials). I expressly authorize Side by Side, Inc. to use, rely upon, and share this information to determine how Side By Side, Inc. may be able to assist me \_\_\_\_\_ (initials). I understand that Side By Side, Inc. is a charitable organization with limited resources and that they may not be able to help me as I have requested, financially or otherwise \_\_\_\_\_ (initials).*

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Do NOT write below this line - For office use only**

Assistance given

Participating SbS Directors signatures