

Mountain Resource Center

We strengthen our community with services that empower people



Date

Staff Use: FRCA.Force Identifier / External ID

Your Information

First Name

Last Name

Physical address

City

Zip code

County

Mailing Address (if different than physical)

E-mail address

Phone Number

Please complete the following information for everyone living in your household, including you. (Additional lines on last page)

How many people live in your household, including you?

Total monthly family income (before tax)

First and Last Name

Date of Birth

Gender

Race/Ethnicity

First and Last Name

Date of Birth

Gender

Race/Ethnicity

First and Last Name

Date of Birth

Gender

Race/Ethnicity

First and Last Name

Date of Birth

Gender

Race/Ethnicity

First and Last Name

Date of Birth

Gender

Race/Ethnicity

Are you a veteran?	Yes	Is someone in your household a veteran?	Yes
	No		No

Your Needs

Have you been to our center before?	Yes	Does your family have health insurance?	Yes
	No		No
Are all the adults in your household employed?	Yes	Do you have quality child care?	Yes
	No		No
			N/A
Do you have stable housing?	Yes	Are all school aged children enrolled in school?	Yes
	No		No
			N/A
Do you have reliable transportation?	Yes	Do you have enough food to feed your family?	Yes
	No		No
Have you finished high school or have your GED?	Yes		
	No		
Do you receive any benefits?	No / none	SNAP	Medicaid
	TANF	SSDI	SSI
	Other		

I understand and agree to allow Mountain Resource Center to share my information internally through the use of a secure database. I understand and agree to allow Mountain Resource Center and its authorized representatives to obtain and/or supply information to/from other agencies, partners or institutions with the purpose of obtaining resources to meet my needs. I consent to receiving communications from Mountain Resource Center and its authorized representatives.

I agree for myself and my heirs, to release, discharge and agree to indemnify and hold Mountain Resource Center, its trustees, officers, agents, employees, and volunteers, harmless from, and waive on behalf of myself and my heirs and personal representatives and any minors I am responsible for any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of Mountain Resource Center, or that may otherwise arise in any way in connection with any activities, including my receipt of services and/or goods, with or for Mountain Resource Center.

Signature

Date