PROJECT BREAK THE CYCLE
Empowering Women, Protecting Children

Love Foundation

You Are Not Alone.

Together We Can Break the Cycle.

Assistance Application

Breaking Cycles. Restoring Lives.

FAMILY NUMBER: _____

1 APPLICANT INFORMATION

Please provide the following information. All information is kept confidential.

Full Name:

Date of Birth:

Phone Number:

Email Address:

Current Address:

City: State: Zip Code:

How long at this address?

Previous Address (if less than 1 year):

City: State: Zip Code:

Preferred Method of Contact:

☐ Phone ☐ Text ☐ Email

Best Time to Contact You:

Number of people in your household (including yourself):

2 HOUSEHOLD INFORMATION

List everyone currently living in your home, including yourself.

Name (First & Last)	Relationship to You	Date of Birth

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3 SAFETY & CURRENT SITUATION

Please check all that apply. (You may select more than one.)

- ☐ I am currently in danger.
- ☐ I am experiencing abuse.
- ☐ I am currently being/have been trafficked or exploited.
- ☐ I am leaving an abusive situation.
- ☐ I am in need of emergency relocation assistance.
- ☐ There are children in my care who are at risk.
- ☐ I need a safe place to go.
- ☐ I need safety planning resources.
- ☐ I am seeking counseling or mental health resources.
- ☐ I need legal resources or advocacy support.
- ☐ I would like information about additional resources.
- ☐ I prefer not to answer.

If you are in immediate danger, please call 911.
Completing this application is not a substitute for emergency services.

Your safety is important. You are not alone.

4 CHILDREN IN YOUR CARE

Are you requesting assistance for children? ☐ Yes ☐ No

If yes, please list the children below. Attach an additional page if needed.

Child's Name (First & Last)	Date of Birth	Relationship to You	Male / Female	Currently Living With You?
			☐ Male ☐ Female	☐ Yes ☐ No
			☐ Male ☐ Female	☐ Yes ☐ No
			☐ Male ☐ Female	☐ Yes ☐ No
			☐ Male ☐ Female	☐ Yes ☐ No
			☐ Male ☐ Female	☐ Yes ☐ No

5 PREGNANCY INFORMATION

Are you currently pregnant? ☐ Yes ☐ No

If yes, what is your due date? _____

We are here to support you.
Every mom and baby matters.

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6 CURRENT NEEDS

Please check all that apply. (You may select more than one.)

- ☐ Food
- ☐ Hygiene items
- ☐ Diapers / Baby items
- ☐ Formula
- ☐ Clothing (women/children)
- ☐ Shoes
- ☐ Baby furniture/equipment
- ☐ Household essentials (bedding, towels, etc.)
- ☐ Safe housing / shelter resources
- ☐ Relocation resources
- ☐ Job training / employment resources
- ☐ Counseling / mental health resources
- ☐ Support groups
- ☐ Community resources and referrals
- ☐ Transportation resources (bus passes, etc.)
- ☐ Other (please explain):

7 OTHER ASSISTANCE OR RESOURCES

Are you currently receiving assistance from any of the following? (Check all that apply.)

- ☐ SNAP (Food Stamps)
- ☐ WIC
- ☐ Medicaid
- ☐ TANF
- ☐ Housing Assistance
- ☐ Unemployment
- ☐ Social Security / SSI
- ☐ Veterans Benefits
- ☐ Child Care Assistance
- ☐ Energy Assistance (HEAP)
- ☐ Food Pantry
- ☐ Church Assistance
- ☐ Other Nonprofit (please list):
- ☐ Other (please explain):

8 HOW DID YOU HEAR ABOUT US?

Please check all that apply.

- ☐ Friend/Family
- ☐ Social Media
- ☐ Another Agency
- ☐ School
- ☐ Healthcare Provider
- ☐ Church
- ☐ Flyer/Event
- ☐ Website
- ☐ Other (please explain):

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9 HOUSEHOLD INCOME

Please provide information about your household income. This information helps us determine eligibility for certain types of assistance.

Source of Income (e.g., employment, child support, Social Security, etc.)	**Amount (before taxes)**	**How Often** (weekly, bi-weekly, monthly, etc.)	**Person Receiving Income**

10 HOUSING INFORMATION

Please provide information about your current housing situation.

What type of housing do you currently live in?

- ☐ Own home
- ☐ Rent home / apartment
- ☐ Staying with family or friends
- ☐ Shelter or transitional housing
- ☐ Hotel / motel
- ☐ Other (please explain):

Are you at risk of losing your housing?

☐ Yes ☐ No

If yes, please explain:

Do you have a current eviction notice or pending eviction?

☐ Yes ☐ No

If yes, please explain:

11 TRANSPORTATION

What is your primary means of transportation?

- ☐ Personal vehicle
- ☐ Public transportation (bus, etc.)
- ☐ Rides from family or friends
- ☐ None
- ☐ Other (please explain):

Do you have reliable transportation to:

Work	☐ Yes	☐ No
School	☐ Yes	☐ No
Medical appointments	☐ Yes	☐ No

Other (please explain):

Transportation creates opportunities for a brighter tomorrow.

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12 ADDITIONAL INFORMATION

Please use the space below to tell us anything else you would like us to know about your situation, needs, or goals.

13 DOCUMENTS WE MAY NEED

Depending on the type of assistance you are requesting, you may be asked to provide the following documents. Not every document will be required.

- ☐ **Valid Photo ID** (driver's license, state ID, or passport)
- ☐ **Proof of household income** (pay stubs, tax return, etc.)
- ☐ **Birth certificates** for children receiving assistance
- ☐ **Custody or guardianship documentation** (if applicable)
- ☐ **Proof of residence** (lease, utility bill, or other)
- ☐ **Proof** of current assistance (SNAP, WIC, Medicaid, etc.)
- ☐ Eviction notice (if applicable)
- ☐ Police report, protective order, or court documentation (if applicable)
- ☐ Other documentation may be requested on a case-by-case basis

Please do not submit copies of sensitive documents with this application.

We will contact you if documentation is needed and provide instructions on how to submit it securely.

14 IMPORTANT INFORMATION

- **Love Foundation does not provide cash assistance.**
- We provide goods, supplies, services, referrals, and other non-cash support.
- Completing this application does not guarantee assistance.
- All information is kept confidential to the fullest extent possible.
- You may be contacted for additional information or documentation.
- **If you are in immediate danger, please call 911.**

Thank you for taking the time to complete this application.

We are honored to walk alongside you.

15 APPLICANT AGREEMENT

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that providing false information may result in denial of services. I give permission for Love Foundation to contact other agencies, when necessary, to verify information and to help connect me with appropriate resources.

Applicant Signature: _____ **Date:** _____

Printed Name: _____

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