



THE SALVATION ARMY  
KANSAS & W. MISSOURI DIVISION  
**EagleCares**  
INTAKE FORM



**Mail completed application to: The Salvation Army, P.O. Box 41577, KC, MO 64141**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Last First Middle Initial  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 County \_\_\_\_\_ Phone \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) SSN \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Ethnicity \_\_\_\_\_

**List all in the household:**

Full Name	SSN	Gender	Birth Date	Relationship

**Household Income: (required to qualify)**

INCOME - Please provide proof with application	AMOUNT	Type of Assistance Requested	(office use only)
TANF:		Telephone	
Social Security:		Cable	
Food Stamps:		Internet	
Wages:			
Pink Slip (reason for loss of job)			
OTHER:			
<b>TOTAL:</b>			

Please explain your need for assistance: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify that the information I have provided is true and correct. I consent to the release of pertinent information contained in the spaces above, in the MAACLink Computer system, or on the intake form used by The Salvation Army. I allow the pertinent information to be released to concerned social service agencies, the community MAACLink administrator(s), and vendors as necessary to complete services to my household, to provide statistics on emergency assistance, or as a guard against duplication of assistance. I hereby authorize my fuel supplier or other vendors related to my household to release information concerning my fuel or other accounts as necessary to insure timely processing of this application.

X \_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date