

Application for Assistance

Please read the instructions before completing the application. If you have questions or to turn in your completed application please email Reentry & Resources at reentryandresources@gmail.com or send mail to Reentry & Resources, PO Box 7096, Springfield, MO 65801. ***NOTE:** emailed applications will be received immediately and mailed applications will be received once per week.

Who can apply?

Assistance is available to citizens living in southwest Missouri with a felony criminal record.

What will happen with your information?

All information provided on the application is held in strict confidence and will not be shared with any other organization without your consent.

Please note:

Any application submitted with false or incomplete information will be denied.
You must have a referring agency or person for your application to be considered.
Each case is reviewed individually and determinations are made on a case-by-case basis.
Financial assistance will only be considered when funds are available.
If you are working we will require proof of employment via pay stubs.

Personal Information

Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip code: _____ Phone number: _____

Email address: _____

Referring agency or person (required): _____

Phone number of referring agency/person: _____

Please describe your felony background: _____

Are you employed? If yes where? _____

Address: _____

Work number: _____ Supervisor: _____

Hours worked per week? _____ Rate of pay: _____ Net pay: _____

How long have you been employed? _____

Do you receive any type of assistance (food stamps, Medicaid, housing assistance, etc.) If yes, what types: _____

List those who live with you, include name, age and relationship.

Have you ever applied to Reentry & Resources in the past? If yes when and what was the outcome?

Please be specific. _____

Type of assistance requested

(Be aware that we may choose which type of assistance we can help with based on what you check. Checking an item does not guarantee assistance will be given.) Please use back if you need more room.

___ Personal identification documents (please check which ones)

___ Birth certificate (State of Birth _____) ___ state issued photo ID

___ Other. Please explain.

What is the cost of the assistance you are requesting? Please include supporting documents.

Explain why you need this assistance. _____

Please include other comments you would like us to consider. _____

Signature

Date

(do not write below this line)

Application reviewed by: _____ Date: _____

Approved: ___ Amount Approved: _____ Date Funds Were Provided to Applicant: _____ Ck# _____

Denied: ___ Reason denied: _____

Result letter given to applicant on _____