

Charity Newsies/St. Vincent School Clothing Application – 2025

Info Verified: _____ Date: _____

Parent/Guardian Info (please list all adults in the household)

Name: _____ Relationship to child _____ Age _____

Address: _____ City: _____

Phone: _____ Alternate Phone: _____

Name of Child	Age	M/F	School Attending	Grade
_____	_____	M/F	_____	_____
_____	_____	M/F	_____	_____
_____	_____	M/F	_____	_____
_____	_____	M/F	_____	_____
_____	_____	M/F	_____	_____
_____	_____	M/F	_____	_____
_____	_____	M/F	_____	_____

Type of Income	Amount	Type of Expense	Amount
Employment (gross)		Rent/Mortgage	
ADC/Kinship		Utilities/Electric	
Food Stamps		Phone/Cable/Internet	
Child Support		Transportation	
Unemployment		Child Support	
SSI/SSD		Credit Card Loans	
Other		Food/Taxables	
Total Income		Other	
		Total Expenses	

Employment Information: Company Name _____ How Long? _____

If not working, how long has the client been off of work _____

Additional Information (Comments and Special Circumstances): _____

For Staff Use Only:	CN _____	St. V _____	Both _____	Approved _____	Denied _____
REASON _____	FPGL Income % _____				
Grandparent _____	Veteran _____				

Appointments will only be scheduled on Saturday, July 26th, 2025

Fairfield County 2-1-1
108 West Main Street, Suite C
Lancaster, Ohio 43130
Phone: 740.687.0500 Fax: 740.689.9827

Release of Information

Client Name:		Date of Birth:	
Address:		Social Security #:	
Guardian Name:		Guardian Address:	

I hereby authorize Fairfield County 2-1-1 and Charity Newsies to communicate about the following protected information:

<input type="checkbox"/> JFS Benefits, Community Services	<input type="checkbox"/> Counseling Attendance/Progress
<input type="checkbox"/> Housing/Homelessness	<input type="checkbox"/> Utility Bill Information
<input checked="" type="checkbox"/> Financial Assistance	<input type="checkbox"/> All Outstanding Debt
<input type="checkbox"/> JFS Protective Services (Child or Adult)	<input type="checkbox"/> Other - Please Explain:

To be released from Fairfield County 2-1-1:

<input type="checkbox"/> Referred Services	<input checked="" type="checkbox"/> Demographic Information
<input checked="" type="checkbox"/> Other – Please Explain: Financial/Income information	

The purpose of this exchange of information is to:

<input checked="" type="checkbox"/> Facilitate 2-1-1 Service	<input type="checkbox"/> Facilitate Case Management
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The information exchange should reflect material collected:

<input type="checkbox"/> Current Information	<input type="checkbox"/> In the last 12 months
<input type="checkbox"/> In the last 6 months	<input checked="" type="checkbox"/> In the last 5 years

I may revoke my consent to release information at any time except to the extent that action will have been taken or information released prior to the revocation of my consent. This authorization form is valid until six (6) months from application date. This information has been disclosed to you from records protected by federal confidentiality rules. The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part II. The federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client. These conditions apply to all information disclosed and a copy of this authorization will be attached to the client file.

Client/Guardian Name (please print): _____ Date: _____

Client/Guardian Signature: _____

Requesting Staff (please print): _____ Date: _____

Requesting Staff Signature: _____

*****How do you prefer to be contacted?** Text _____ Call _____

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