



Assistance Intake Form *Please PRINT legibly*

Applicant _____
First Name Middle Last Name(s)

Date of Birth ____/____/____ Primary Language Spoken _____

How many people are in your household? _____

- Household Type
- Single person household
 - Two Parent Family
 - Single Parent Family
 - Couple/no children
 - Foster Parents
 - Grandparents(s) and Child(ren)

Address If Unhoused (check this box):

Street City State Zip Code

Phone Number: (____) _____ E-mail: _____

The Salvation Army is committed to accommodating all those in need without unlawful discrimination or harassment based on age, race, color, religion, sex, national origin, marital status, disability, citizenship, sexual orientation, gender identity, gender expression, or any other characteristic by applicable law per our capacity to help.

Applicant Information: complete each box

Race and Ethnicity (check all that apply)	U.S. Military Veteran? (check only one)	Is anyone in your household disabled? (check only one)	Your Gender (check only one)
<input type="checkbox"/> American Indian, Alaska Native, or Indigenous Asian <input type="checkbox"/> or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Other _____

Additional Household Members:

First Name	Last Name(s)	Relation	Age	Date of Birth	Gender



Salt Lake City Corps

438S 900W, Salt Lake City, UT 84104
(801)988-4204 saltlakecity.salvationarmy.org

Most of our assistance is based on income eligibility.

Please list all sources of income to the whole household, including the amount received monthly:

Alimony/Spousal Support	\$ _____	SSI / SSD / SSDI	\$ _____
Child Support	\$ _____	Retirement income	\$ _____
Food Stamps	\$ _____	Pensions & Annuities	\$ _____
Earned Income (wages), including self-employment / cash	\$ _____	Unemployment payments, incl. workmen's comp.	\$ _____
		Other:	\$ _____

Total Monthly Income \$ _____ Total Monthly Expenses \$ _____

Please note, if you are listing "0" monthly income you will be contacted by a caseworker to provide further details.

How can we help you today? (if available)

- | | | |
|---|---|---|
| <input type="checkbox"/> Utilities Assistance | <input type="checkbox"/> Clothing/Blankets | <input type="checkbox"/> Resources & Referrals |
| <input type="checkbox"/> Food | <input type="checkbox"/> Hygiene Items | <input type="checkbox"/> Other: (please detail) |
| <input type="checkbox"/> Emergency Assistance | <input type="checkbox"/> Spiritual Counseling | _____ |

Client Acknowledgement:

I acknowledge that The Salvation Army will enter my information in the Salvation Army internal database system for record-keeping purposes. I confirm that all the information is correct and true.

Client Signature: _____

Date: _____

DOCUMENT CHECKLIST This form must be signed and returned with:

- IDs for self and all members of the household
 - Adult IDs must be photo-IDs (Driving License *or* ID Card *or* Passport picture page)
 - Under 18s must show date of birth (Passport picture page *or* birth certificate *or* Medicaid card)
- Proof of income (paystubs for last 30 days, SSA letters, SNAP benefit etc.)
- For utility assistance; proof of HEAT application
- For utility assistance; copy of most recent bill(s)

This form can be brought to our office (address above) or emailed with attachments to assistutah@usw.salvationarmy.org

(form rev. April 2026)

FOR OFFICE USE ONLY

Received by: _____

Date received: _____

Wellsky # _____



CONFIDENTIALITY AGREEMENT AND CONSENT TO DISCLOSE CUSTOMER DATA

I agree to allow The Salvation Army, including the agencies staff and volunteers of the Utility Assistance Program in Salt Lake City, to share with other agencies, including but not limited to utility companies and other assistance programs, whatever essential information about my case that might be helpful in getting resources to meet my personal needs.

Any information will be given without discrimination and with discretion for your rights

I agree to allow utility service providers to disclose the following information to the Lend A Hand Program and The Salvation Army. This includes The Salvation Army staff and volunteers.

My utility account payment history and other account details, such as utility charges, payment history, past due amounts, pending deposits, current shut-off due dates or disconnection, payment arrangements, and history of energy assistance programs.

The Lend A Hand Program, The Salvation Army, Staff and Volunteers will use this information to help determine eligibility for and to assist with your application to participate in the Lend A Hand/Project Water/Reach Energy Assistance Program.

You are not required to authorize your utility service provider to disclose your customer data, but it could affect our ability to provide you with services.

Your decision not to authorize the disclosure will not affect your utility services.

Your utility service provider will have no control for the data disclosed pursuant to this Consent, and will not be responsible for monitoring or protecting it.

By Signing this Confidentiality Agreement and Consent I acknowledge and agree that:

I give permission to any duly authorized representative of the Lend A Hand/ Project Water/Reach Energy Assistance Programs and The Salvation Army

to supply information or request information from other persons, agencies or institutions (medical release forms) pertaining to you and/or your family.

I release the Lend A Hand/ Project Water/Reach Energy Assistance Program staff and volunteers and The Salvation Army of any liability for supplying and requesting such information.

I am the customer of record for the utility services account specified below, and I authorize the utility services providers to disclose my customer data, and/or medical release form requests.

I give permission to authorize the HEAT organization, or other assistance programs to give information regarding any past assistance to my household and me.

To terminate this agreement at any time I can give written request to the Lend A Hand/ Project Water/Reach Energy Assistance Programs through the phone/ e-mail or physical address listed below.

Clients Signature

Date

Clients Printed Name

Account Number (Office Use Only)

Household ID # (Office Use Only)

Utility Program Staff or Volunteer Signature

Date

**Utility Assistance Services is administered through The Salvation Army the Programs are as follows: Lend A Hand, REACH, Project Water Assist
PO BOX 2970
Salt Lake City, UT 84110
(801)969-0526 or 1 (855) 969-0526
assistutah@usw.salvationarmy.org**