



Lutheran Social Services of Nevada - Identification/Employment

**If you need help completing any portion of this worksheet, we will be happy to assist you.**

The program under which you are requesting assistance receives funding for operation from sources such as local government and interfaith organizations. Therefore, we are required to collect some personal information directly from you. Other personal information that we collect is important to run our programs, understand the needs of those we serve, and improve our services. We provide assistance to needy individuals without discrimination by age, race, ethnicity, sex, religion, disability, or sexual orientation. The information you provide is confidential and is considered to be relevant to the purpose for which it is to be used. Its release is only made with your expressed knowledge and written consent.

**Did you apply for your Birth Certificate at a Homeless Stand Down event? YES NO**

**\*In order to qualify you must be homeless, or at risk of becoming homelessness.**

**Please tell us about yourself:**

\_\_\_\_\_ I am staying in a shelter or transitional living facility. Name of facility \_\_\_\_\_

\_\_\_\_\_ I am currently staying in an unsheltered location (e.g.: on the streets, in a car, in an abandoned building, in a bus station or any other public space not intended for human habitation).

\_\_\_\_\_ I am being evicted within a week from a private dwelling unit with no identified subsequent residence. Have you received an eviction notice? YES NO (Please provide if YES)

\_\_\_\_\_ I was discharged within the past week from an institution (hospital, mental health facility, jail) with no identified subsequent residence. Name of facility \_\_\_\_\_

\_\_\_\_\_ I have been continuously homeless for a year or more. How long if more than a year? \_\_\_\_\_

\_\_\_\_\_ I have been homeless at least four different times during the last three years.

\_\_\_\_\_ I am currently staying on someone's couch or floor. Who? \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Sex: MALE FEMALE VETERAN: YES NO

**Race: (please circle the race/ethnic group that you most identify with)**

White	American Indian / Alaskan Native	Asian	Native Hawaiian / Other Pacific Islander
Black/African American	American Indian / Alaskan Native & White	Asian & White	Hispanic
Black /African American & White	American Indian / Alaskan Native & Black	Asian & Pacific Islander	Other Multi Racial

I am in need of a Certified Copy of my Birth Certificate. YES NO  
 I am in need of Government Issued Nevada State Photo Identification. YES NO  
 Have you had Government Issued Nevada State Photo Identification in the past? YES NO

Have you already applied for a Birth Certificate at Lutheran Social Services of Nevada? YES NO  
 Did you apply for a Birth Certificate at the 2005 Wilson Street Project? YES NO  
 Did you apply for a Birth Certificate at the 2005 Homeless Stand Down? YES NO

What State were you born in? \_\_\_\_\_  
 What County were you born in? \_\_\_\_\_  
 What City were you born in? \_\_\_\_\_

Are you employed? YES NO  
 Are you actively seeking employment? YES NO  
 Do you have "Intent to Hire" from a prospective employer? YES NO  
 Does this employment require you to obtain specific work cards? YES NO  
 Which Cards? \_\_\_\_\_  
 Have you had these cards in the past? YES NO  
 If employed, what was/is your start date? \_\_\_\_\_  
 Do you need transportation assistance to and from employment? YES NO

Do you have minor children in your custody? YES NO  
 How many individuals are in your immediate family? Adults \_\_\_\_\_ Children \_\_\_\_\_

Do you have a source of income? YES NO What is it? \_\_\_\_\_  
 If yes, what is that source?

Employment	Workers Comp	Alimony	VA Medical Services
Unemployment	TANF	Food Stamps	Section 8/Public Housing
SSI	Clark County GA	Medicaid	Other _____
SSDI	Social Security	Medicare	
Veterans Benefits	Pensions	Nevada Check Up	
Private Disability Ins	Child Support	WIC	

**Most States require that a copy of some sort of photo identification be submitted with their applications. What type of photo identification (original or copy) do you currently have?**

State Identification	YES	NO	Which State? _____
Certified Copy of Birth Certificate	YES	NO	_____
Social Security Card	YES	NO	_____
Identification from a law enforcement agency	YES	NO	_____
Identification from a corrections facility	YES	NO	_____
Other photo identification	YES	NO	_____



**Client Agreement**

**Your Rights for Services:** I hereby give my consent to receive the services for which I have applied. I understand that all services are voluntary. I have the right to be informed about services, to participate in the selection thereof, and to withdraw this consent at any time, except to the extent that action has already been taken. Application to, acceptance of and participation in these services shall not be considered a prerequisite for access to other LSSN or community services. I understand that funding for these services is limited and may not be available at all times. I understand that if I am denied services, I have the right to request a written explanation.

**Your Responsibilities for Service:** I understand that it is my responsibility to provide information which is true and correct. I understand that it is my responsibility to report changes such as my address and/or telephone number. I understand that I am responsible for returning to LSSN in 2-6 weeks to see if my application requires additional information, has been denied, or if my Birth Certificate has arrived.

**Confidentiality:** I understand that my relationship with Lutheran Social Services of Nevada (LSSN) is confidential. I hereby give my consent to release information which is necessary for confirming the authenticity of the information and documentation which I have provided. This release is considered to be relevant to the purpose it is to be used and/or required by law. Unless I withdraw my consent earlier, this consent will expire one year from the date of my signature. I have a right to receive a copy of this document from the agency during regular business hours. I reserve all rights provided to me by law not waived by the scope of this consent.

**I have read and understand the above statements:**

**x** \_\_\_\_\_  
Client Signature Date

\_\_\_\_\_ Date  
LSSN Staff/Volunteer Signature

Copy of this signed consent given to client: \_\_\_\_\_  
Date Client Initial Staff Initial

**The following signatures confirm that (1) the Certified Copy of a Birth Certificate which Lutheran Social Services of Nevada assisted this client to obtain was released directly to the client, and (2) the client signed the voucher which was issued on their behalf, and (3) every effort was made to confirm the identity of the client prior to release of the document.**

\_\_\_\_\_ Date  
Client Signature

\_\_\_\_\_ Date  
LSSN Staff/Volunteer Signature