



Bethel Foundation Client Information

OFFICE USE ONLY

Date Received: _____
 #Adults _____
 Photo: _____
 #Children _____
 Ages: _____

Today's Date: _____

Please PRINT and fill in each section below:

Each person 18 and older must submit their own information.

Is this your first time to Bethel Foundation? Yes No

How did you hear about Bethel Foundation?

Would you like someone to pray with you today? Yes No

Full Name:

Maiden Name:

Date of Birth:

Marital Status:

People 18 or Older in Household:

What can we help you with today? Food Clothing Other: _____

Address & Apartment #:

City, State Zip:

Phone:

Email:

Race:

US Citizen? Yes No

Highest Level of Education:

Disabled? Yes No

Do You Own a Vehicle? Yes No

Employment Status: Full-time Part-time Disabled Retired Unemployed

Programs Interested In: Scholarship Birthday Club Camp Furniture

How many children live with you?

Are you on child's/children's birth certificate? Yes No

Child's Race:

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Name:	Date:
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Please Circle the benefits that anyone in your family receives.

Sooner Care	Medicare	Free Lunch	WIC
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How much do you pay for rent each month? \$ _____

List amount & how often you receive the below incomes. Please provide proof of incomes.

Work Paycheck: \$ _____	TANF: \$ _____
Social Security: \$ _____	Food Stamps: \$ _____
Unemployment: \$ _____	Section 8: \$ _____
Child Support: \$ _____	Utility Checks: \$ _____

FOR STAFF USE ONLY:

DOCUMENTS NEEDED	NOTES
Release of Information	
Government Photo ID	
Social Security Cards or Birth Certificates	
Guardianship, Custody, Adoption or Foster Care Papers showing who has custody	
Lease, Mortgage or Current Utility Bill with the name of client	

PROOF OF INCOME

_____ Support	_____ Pay Stub	_____ Utility Check	_____ Section 8
_____ Social Security	_____ Child Support	_____ Food Stamps	_____ TANF
_____ Unemployment			

NOTES:

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ADULT GENERAL USE

I, (Print your full name) _____, being eighteen (18) years of age or over, hereby grant permission to Bethel Foundation of Oklahoma and its affiliates and subsidiaries, including but not limited to the Foundation, to interview, photograph, and/or videotaping me, and/or to supervise any others who may do the interview, photograph, and/or videotaping, and/or to use and/or permit others to use information from the aforementioned interview and/or aforementioned images in promotion activities for Bethel Foundation without compensation.

Name:

Address & Apartment #:

City, State Zip:

MINOR CHILD GENERAL USE

I, (Print Adult's Name) _____, hereby grant permission to Bethel Foundation of Oklahoma and its affiliates and subsidiaries, including but not limited to the Foundation, to interview, photograph, and/or videotape my minor child/children:

Print Children's Names:

_____	_____
_____	_____
_____	_____

Signature of Parent or Guardian:

My Relationship to Minor:

**Greater Oklahoma Clearinghouse Assistance Network
Shared Case Management Software-Charity Tracker**

RELEASE OF INFORMATION (ROI)

Client Info: Each Adult in household must sign their own release form

Please PRINT and fill in each section below:

Adult Last Name	First Name	Middle	
Social Security Number:		Birthdate:	
Address & Apartment #:			
City, State Zip:			
Phone:			
Dependent #1 First & Last Name:			Relationship:
Social Security Number:		Birthdate:	
Dependent #2 First & Last Name:			Relationship:
Social Security Number:		Birthdate:	
Dependent #3 First & Last Name:			Relationship:
Social Security Number:		Birthdate:	
Dependent #4 First & Last Name:			Relationship:
Social Security Number:		Birthdate:	
Adult Signature		Print Name:	
Bethel Foundation Signature		Date:	