



Catholic Charities of the

Diocese of Lexington

APPLICATION FOR BUDGET COUNSELING SERVICES

To help us serve you better, please complete this form. (This information is confidential under the laws of the State of Kentucky. Some of the data will be used without any reference to you to create statistics that inform benefactors, grantors and others about our services.)

APPLICANT:

Last name First Name Middle Initial

Street (E-911) Address City State Zip Code

Mailing Address (if different from above) County

Phone Number/s (Home) (Work) (Cell) (Other)

Birth Date Birthplace (City/State) Social Security Number Ethnic/Racial Identity

Gender Marital Status (Single, M, W, Separated, D) Pertinent dates (wedding, death, separation, divorce)

Religious Affiliation Church You Attend Emergency Contact (Name and Phone Number)

Place of Employment/School Job Title Annual Household Income & Source/s

Last Education Completed School/College/Program/Educational Facility

Who else lives in your household?

First and Last Name	M/F	Relationship	Birthdate	School (include grade) or Employment/Other Info

Please state your reason for coming to this agency _____

Who referred you to this agency? _____

EXPENSE	AMOUNT	EXPENSE	AMOUNT
Rent/mortgage		Doctor	
Electric		Dentist	
Natural Gas, Oil, Kerosene		Pharmacy	
Water		Other Medical	
Phone		Laundry	
Cable TV		Hair Care	
Garbage		Personal Care	
Internet		Credit card #1	
Groceries		Credit card #2	
Meals Eaten Out		Other credit cards	
Alcohol & Tobacco		Gas credit card	
Car/truck payments		Loan payment	
Gasoline		Taxes	
Car/truck maintenance		Clothing	
Bus, taxi, etc.		Gifts	
Car/truck insurance		Contributions	
Homeowners Insurance		Education/school supplies/snacks	
Flood Insurance		Entertainment	
Health Insurance		Video/Game rentals	
Disability Insurance		Furniture payments	
Life/Burial Insurance		Child Support	
		Home Repair	

Are you willing to help us evaluate our services by completing a questionnaire? Yes or No

If yes, please indicate address to which questionnaire should be sent if different from home address:

Day and time you prefer an appointment (circle): Monday Wednesday Friday ___ a.m. ___ p.m.

Preferred appointment place (check): ___ St. Vincent Mission ___ CCDL Office (at St. Martha Church)

Is it OK to leave a message at home? Yes or No

When/Where is it best to contact you? _____

Do you have email? Yes or No If yes, email address: _____

Is there anything else you think we should know to better serve you? _____

I certify that the above information is true and correct. I consent to the release of this information as described on the Budget Counseling Agreement. This information may also be used to compile statistics for St. Vincent Mission and the Catholic Charities.

Signature _____ Date _____

Please mail completed application to:

Catholic Charities of the Diocese of Lexington
60 Martha's Vineyard
Prestonsburg, KY 41653

Someone will contact you by phone or letter with an appointment time.