

MRVP ZERO INCOME WORKSHEET

Applicant/Participant Name: _____

Date: _____

Applicant/Participant Income Information

1. Does anyone (other than applicant/participant family) make contributions to your household in the form of cash (money for food, clothing, cars, internet etc.) and/or products (purchases of food, grooming products, cigarettes, etc)? Yes No

2. If yes, complete the table below.

Item Contributed	Who Made the Contribution	Cash Amount or Value of the Contribution
		\$
		\$
		\$
		\$
		\$
	TOTAL	\$

3. Have you applied, been approved and/or do you receive benefits from any of the following programs?

Programs/Benefits	Applied Yes or No	Approved Yes or No	Currently Receive Benefits Yes or No	Amount of Benefits Per Month
Social Security				\$
SSI				\$
Unemployment				\$
Public Assistance (TAFDC/EAEDC)				\$
Child Support				\$
Alimony				\$
Pension/Annuity				\$
Food Stamps				\$
WIC				\$
Fuel Assistance				\$
Other				\$

4. If you have applied for benefits, what is the status of the application?

BELOW FOR OFFICE USE ONLY:

Program Specialist.: _____

Date of Review: _____

Annual Date: _____

Referrals Given

HCEC Referrals	If yes, Date?
<input type="checkbox"/> Utility Counseling/Fuel Assistance	
<input type="checkbox"/> Basic Budgeting	
<input type="checkbox"/> Housing Search	
<input type="checkbox"/> Clothing	
<input type="checkbox"/> Vocational Services	
Information Given	
<input type="checkbox"/> Dept. of Transitional Assistance (TAFDC/EAEDC)	
<input type="checkbox"/> Social Security/SSI	
<input type="checkbox"/> DOR Child Support Division	
<input type="checkbox"/> MassHealth	
<input type="checkbox"/> Nutrition Resources (Food Stamps, WIC, Food pantries, etc.)	