

Monroe County Community Services – Social Services Intake Application Form

Email to: MCSSreferrals@monroecounty-fl.gov

SECTION I – APPLICANT INFORMATION

Referring Agency: _____ (if any or applicable)

Name: _____ Social Security #: _____

Date of Birth: _____ Age: _____ Place of Birth _____ Sex: _____ Race: _____

Address: _____ Phone: _____

How long in Monroe County: _____ Citizenship: _____

Previous Address: _____

Email Address: _____

Marital Status: Married Single Separated Widowed Divorced Deserted

Name of Spouse: _____ Date of Birth: _____ Age: _____

Spouse Address: _____ Phone: _____

Child Name: _____ Age: _____ Address: _____

Child Name: _____ Age: _____ Address / School: _____

Child Name: _____ Age: _____ Address / School: _____

Nearest Relative: _____ Relation: _____ Phone: _____

Residency Verification (Lease/Rental Agreement): _____

SECTION II – FINANCIAL INFORMATION

List Employer Name, Address, Dates, Occupation, and Salary	Employer Address	Dates Employed Start/End	Occupation	Salary
Applicant Employer Name _____				
Second Employer Name _____				
Spouse Employer Name _____				
Spouse Secondary Employer _____				

SECTION III – SOURCE OF INCOME

Income Source(s)	Income Amount	Household Member Name	Relationship	% Contribution to Home
Social Security				
SSI				
Veterans Affairs				
AFDC/Child Support				
Food Stamps				
Civil Service				
Pension				
In-Kind				
Cash				
Unemployment				
Other				
Other				

SECTION IV - EXPENSES

Category	Amount	Category	Amount	Category	Amount	Category	Amount
Mortgage		Electricity		Insurance		Medication	
Taxes on Home		Water		Cable		Doctor Expenses	
Rent		Garbage		Phone		Travel	
Food		Sewer		Transportation		Other:	

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief:

Printed Name & Signature _____ Date _____

SECTION V – APPLYING FOR:

*****SHADED AREA FOR MCSS STAFF ONLY*****

		CASE # 2026-_____				(See Intake Log for Next Case #)
Program / Service	Applicant CHECK BELOW <input checked="" type="checkbox"/>		Monroe County Social Services Case Manager Name	Date	MCSS Assistance Provided (Circle One)	QUALIFIED/ENROLLED/PROCESSING APP/NOT QUALIFIED
HOUSING ASSISTANCE						
SHIP Homeowner					YES - NO	
SHIP Rehab					YES - NO	
Weatherization Assistance					YES - NO	

SECTION V – APPLYING FOR:

*****SHADED AREA FOR MCSS STAFF ONLY*****

Program / Service	Applicant CHECK BELOW <input checked="" type="checkbox"/>		Monroe County Social Services Case Name	Date	MCSS Assistance Provided (Circle One)	QUALIFIED/ENROLLED/ PROCESSING APP/ NOT QUALIFIED DATE: REFERRED: Referral Agency & Date
LIHEAP (Utility Assistance)					YES - NO	
Welfare Utilities					YES - NO	
Welfare Rental					YES - NO	
SUPPORTIVE SVCS. ASSISTANCE						
Home Delivered Meals					YES - NO	
Congregate Meals					YES - NO	
Personal Care					YES - NO	
Homemaking					YES - NO	
Respite					YES - NO	
Facility Respite					YES - NO	
Supplies (Specialized Medical/Mobility Devices, Consumable Supplies)					YES - NO	
Transportation Disadvantaged					YES - NO	
Veteran Affairs Assistance					YES - NO	
Pauper Cremation Assistance					YES - NO	

Dept. Notes:

Asst. Director or Designee Review: Name/Initials: _____ Date: _____

Approved Form Uploaded - U:\Community Services\Social Services\CLIENT INTAKE\2. Intake Application Signed and Reviewed\2026

MCSS Admin Asst. Sign: _____ Date: _____