

FRANKFORT R.O.S.M.  
 (RESOURCE OFFICE FOR SOCIAL MINISTRIES)  
 FAX: 502-875-4853

DATE: \_\_\_\_\_  
 WORKER MAKING REFERRAL: \_\_\_\_\_  
 AGENCY/CHURCH: \_\_\_\_\_  
 CLIENT'S NAME: \_\_\_\_\_ SPOUSE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_  
 SS#: \_\_\_\_\_ SS#: \_\_\_\_\_  
 DOB: \_\_\_\_\_ DOB: \_\_\_\_\_  
 EMPLOYER: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_  
 HOW LONG: \_\_\_\_\_ HOW LONG: \_\_\_\_\_  
 MAIDEN NAME IF APPLICABLE: \_\_\_\_\_  
 CHURCH AFFILIATION: \_\_\_\_\_

REQUEST \_\_\_\_\_ REASON \_\_\_\_\_

SOURCES OF INCOME/ASSISTANCE	AMOUNT	OTHER HOUSEHOLD MEMBERS	DOB	SS#
WAGES	\$			
SSI	\$			
FOOD STAMPS	\$			
K-TAP	\$			
MEDICAID	\$			
MEDICAL CARD	\$			
MEDICARE	\$			
UNEMPLOYMENT	\$			
SOCIAL SECURITY	\$			
CHILD SUPPORT	\$			
OTHER	\$			

MONTHLY EXPENSES	AMOUNT	LANDLORD:
RENT	\$	ADDRESS: _____ PHONE: _____
ELECTRIC	\$	ACCOUNT #:
GAS	\$	ACCOUNT #:
TELEPHONE	\$	BASE RATE:
TV CABLE	\$	
CHILD CARE	\$	PRIVATE SITTING/DAY CARE
LOANS	\$	

CASE WORKER \_\_\_\_\_