



Government of the British Virgin Islands
PUBLIC ASSISTANCE APPLICATION

Applicant Information		
Applicant Last Name	Applicant First Name	Middle Name
_____	_____	_____
Current Physical Address	Mailing Address	
_____	_____	
City, State, Zip		

Home Phone: _____	Daytime Telephone _____	
Place of Birth: _____	Date of Birth: _____	Age: _____
Nationality: <input type="checkbox"/> Belonger <input type="checkbox"/> Non-Belonger Proof of Citizenship _____		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Student		
Race/Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____		
Education (Check the highest education level attained) <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> H.S. Grad/GED/Alternative Program <input type="checkbox"/> College Education <input type="checkbox"/> School Dropout		
Work Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed		
Job Classification: <input type="checkbox"/> Clerical <input type="checkbox"/> Domestic <input type="checkbox"/> Hospitality <input type="checkbox"/> Professional <input type="checkbox"/> Business Owner		
Name of Employer(s): _____		Length of time at job _____
Address: _____		Contact #: _____
Social Security Number _____		NHI: _____

ASSISTANCE REQUEST

Type of Assistance Requesting:

- | | |
|---|---|
| <input type="checkbox"/> Fire Victim | <input type="checkbox"/> Burial Assistance |
| <input type="checkbox"/> Monthly Financial Grant | <input type="checkbox"/> Medical/General Assistance |
| <input type="checkbox"/> Emergency Food Relief | <input type="checkbox"/> Housing Repairs |
| <input type="checkbox"/> Monthly Food Grant | <input type="checkbox"/> Pharmaceutical Assistance |
| <input type="checkbox"/> Utility Assistance | <input type="checkbox"/> Day Care Assistance |
| <input type="checkbox"/> Medical Equipment/Supplies | <input type="checkbox"/> Other (specify) _____ |

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the Head of Household and all other members of the household. Indicate the relationship of each family member to the Head of Household.

Household Member Name	Relationship to Head of Household	Sex	Age

INCOME INFORMATION

Includes: Wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, **Social Security**, other benefits, other income.
List ALL household members and their incomes. Attach a separate sheet if you need more space.

Household Member Name	Occupation	Source of Income (include employer name and phone number)	Rate of Pay	Payment Basis (weekly, monthly, etc.)

Expense Information

Indicate the MONTHLY dollar expenditures for your family.

Rent \$ _____	Phone \$ _____	Medical \$ _____	Electric \$ _____	Car Payment \$ _____
Cable TV \$ _____	Credit Card(s) \$ _____	Gas \$ _____	Car Insurance \$ _____	Loan(s) \$ _____ \$ _____
Water \$ _____	Child Care \$ _____	Mortgage \$ _____	Food \$ _____	Other (specify) \$ _____

Total \$ _____

Asset Information

No	Source	Yes	No	Amount
1.	Cash			\$
2.	Savings Account			\$
3.	Checking Account			\$
4.	CD's			\$
5.	Stock/Bonds			\$
6.	Trust Funds			\$
7.	Real Estate/Property Owner Estimate value Is the Real Estate/Property Rented? Monthly Income Asset			
8.	Vehicle Owner			
9.	Social Security Are you receiving Social Security from the U.S. If Yes, indicate amount			\$ _____ \$ _____
10.	Pension/Retirement Income Are you receiving Pension/Retirement Income from the U.S. If yes, indicate amount			\$ _____ \$ _____
TOTAL ASSET				\$ _____

Home Description:

House _____ Apartment Complex _____

Number of rooms ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 or more

Name of Landlord _____

APPLICANT CERTIFICATION

I understand the information provided above is collected to determine if I am eligible to receive Public Assistance. I hereby certify that all the information provided herein is true and correct. I understand that providing false statements or information will result in my application being denied. I give approval for the Public Assistance Committee to conduct a Social Investigation of the information I have supplied.

I have read the above certification and it was also read to me: _____Initials

AUTHORIZATION TO EXCHANGE/OBTAIN INFORMATION

I hereby give permission to the Social Development Department to exchange/obtain information for the purpose to conduct a Social Assessment. _____Initials

Signature of Application

Date

For Official Use Only:

Type of Client: New Established **Assigned Social Worker:** _____

Type of Contact: Walk-in Office Visit Referral (list referral source) _____

Total Asset \$ _____ **Total Monthly Expenditure \$** _____

Comments

Public Assistance Committee Decision

Date of P.A.C. Ruling: _____

Signature: _____

Chairman

GENERAL REQUIREMENT CHECKLIST

The following official documents must be submitted as part of the application requirement.

- Driver's License (if applicable)
- Social Security Card (if applicable)
- Proof of Citizenship
- Copy of Expenses (submit copies of the following)
- ___ Birth Certificate
- ___ Rent/Mortgage
- ___ Passport
- ___ Utilities (Water, Gas, Electricity, Cable)
- ___ Belonger Card



APPLICATION FOR SERVICE

I, _____ residing on the island of _____, British Virgin Islands and intending to maintain my residence in the British Virgin Islands as of _____ (Date of Residency), hereby voluntarily request services from the Social Development Department of the Government of the British Virgin Islands, Ministry of Health & Social Development.

I agree to participate in the Intake process, which may include a psychosocial evaluation to determine eligibility for services from the Social Development Department. I understand the length and type of treatment of each client may vary according to the client's individual needs and the social worker's judgment. In addition, I understand that the Social Development Department reserves the right to refer its clients to a more appropriate treatment service when indicated.

I agree to participate in the development of the working contract, which includes reviews at least bi-annually. I understand that if I disagree with the content of the working contract, I have the right to discuss the disagreement with my social worker and bring an administrative appeal to the Chief Social Development Officer or the Permanent Secretary at the Ministry of Health & Social Development.

I further understand that, in situations where the social worker determines that there is a risk of neglect or injury involving any child in my care, the law mandates that such concerns be reported to the appropriate authorities in order to ensure the child's safety.

I understand that I have the following rights:

- a) To receive kind and respectful care
- b) To have privacy (within the limits of confidentiality)
- c) To ask questions about the services
- d) To review me and/or my child's progress with the social worker
- e) To discontinue treatment and/or seek treatment elsewhere

My signature indicates that this information has been reviewed with me.

Applicant/Legal Guardian _____ **Date:** _____

Witness: _____ **Date:** _____



**GOVERNMENT OF THE BRITISH VIRGIN ISLANDS
AUTHORIZATION TO EXCHANGE/OBTAIN INFORMATION**

Client's Name: _____

I hereby give permission to the Social Development Department to exchange/obtain information concerning (Client's Name) _____ for the purpose of Investigation/Assessment.

I authorize the Social Development Department to contact the following person/agency: - **Employer**, **Mental Health**, **Magistrate's Court**, **Social Security**, **Dept. of Education**, **Attorney**, **Sandy Lane Center**, **Police Dept**, or **Other** to share information regarding the aforementioned.

I agree that the professionals sharing this information shall not be held liable in any manner for the release of this information.

Type of information to be obtained:

- Job Info.
- Student Performance Report(s)
- Psychiatric Assessment(s)/ Report(s)
- Psychosocial Assessment(s)/Report(s)
- Court Report(s)
- Police Report(s)
- Other: _____

Client's Signature: _____ Date: _____

Witness: _____ Date: _____
