ACES
Ashland Christian Emergency Services

REGISTRATION FORM

(Please print)

Name: _____maiden name _____ Date of Birth: _____

Spouse/Partner living with you: _____ Date of Birth: _____

Street address: _____County: _____

City: _____State: _____ Zip Code :_____

How long at current address? _____ Is current address a Motel? _____

Previous address: _____

Housing Own ( ) Rent ( ) Live with Family ( ) Friends ( ) Other ( ) If Other, explain: _____

_____

Marital Status: Single ( ) Separated ( ) Widowed ( ) Married ( ) Divorced ( ) Partnered ( )

Race: African-American ( ) Caucasian ( ) Other ( ) _____ (info not required)

Ethnicity: Hispanic ( ) Non-Hispanic ( ) Other ( ) _____ (info not required)

Are you a US Veteran? _____ Is your Spouse/Partner a US Veteran? _____ Do you receive veteran's benefits? _____

Phone: Home: _____ Cell:_____ Other: _____

Current Employer: _____Full/Part Time? _____

Spouse/Partner's Employer: _____Full/Part Time? _____

If unemployed: Are you, and/or your partner, seeking employment? _____

Are you, and/or your partner, disabled or on disability? _____

Are you, and/or your partner, retired? _____

Are you, and/or your partner, receiving child support? _____

List all sources of Family Income: _____

List all government assistance (food stamps (SNAP), WIC, TANF, SSI (type), Medicaid, Medicare, etc.) _____

_____If not receiving, have you applied? _____

Household members for whom you are seeking services:

First Name	Last Name	Date of Birth	Relationship	Food Allergies/Dietary Restriction/Special Needs

(continued on back)

First Name	Last Name	Date of Birth	Relationship	Food Allergies/Dietary Restriction/Special Needs

Does any dependent in your care qualify for disability? Yes ( ) No ( ) Name: _____

Explain:_____

Do you have legal custody of any of the non-biological children listed? Yes ( ) No ( ) Name: _____

Have custody papers been provided to ACES? _____ Date: _____

If you do NOT have legal custody, and the children are in your care, explain the situation: _____

Parent information for non-biological children in your care (if applicable):

First Name	Last Name	Address	Explain

WHO REFERRED YOU TO ACES? _____

Are you working with any of the following (Optional Response): Senior Rides, Ashland Open Door, Circles, Hanover Safe Place, Hanover Habitat for Humanity, Hanover County Community Services Board, Hanover County Social Services Case Worker, Local Parole Officer, Any other support organization (other than ACES)? _____

I have received information regarding ACES' requirements for receiving services. Initials: _____

I understand ACES may ask for documentation regarding non-biological children living with me. Initials: _____

Signed: _____ Date: _____

Revised:9/22/2017