Community Helpers of Rutherford County
1809 Memorial Blvd
Murfreesboro, TN 37129
615-898-0617 / Chorctn.org
frontdesk@chorctn.org or chorccaseworker@chorctn.org

Name: _____ Date: _____

Please mark Yes or No below for each line that pertains to you. You must provide supporting documentation for each item marked Yes. **Appointments cannot be made until all documents have been provided to the office.**

✓Yes	✓ No	Date Provided	Intake Initials	Check List
Everyone MUST provide:				**Income Data**
☐	☐			Are you employed? If yes, please provide pay stubs for the last 4 weeks. Weekly = 4 Stubs Bi-Weekly = 2 Stubs Monthly = 1 Stub
☐	☐			Do you receive child support? If yes, please provide verification of child support payments received.
☐	☐			Families First / TANF / Food Stamp Benefits? If yes, please provide verification of benefits.
☐	☐			SSI / SSD / Social Security / Va / Retirement Benefits? If yes, please provide your benefit letter. Must be for the current calendar year.
☐	☐			Receiving unemployment benefits? Please provide your benefit statement.
☐	☐			Do you receive Short-Term or Long-Term Disability payments? Please provide proof of payments.
☐	☐			Unemployed but not receiving unemployment currently, please provide your Separation Notice.
☐	☐			If you are currently making no income, please provide a support statement from the individual(s) that have been assisting you. Must include their signature and telephone number.
Everyone MUST provide:				**General Items**
☐	☐			Driver's License and Social Security card for applicant.
☐	☐			Social Security cards for all members of the household.
☐	☐			Crisis documentation - bill showing larger than normal amount due / expenses or unexpected repairs / other documentation showing crisis.
Do you need:				**Rental Assistance**
☐	☐			Copy of lease/rental agreement showing proof of monthly payments and valid timeframe.
☐	☐			Signed Rent Document completed by your landlord.
Do you need:				**Utility Assistance**
☐	☐			Copy of current utility bill(s) requested for assistance.
Do you need:				**Medication Assistance**
☐	☐			Please provide a copy of your prescription or bring your medication bottle(s) with you.
☐	☐			Do you have insurance? If so, please provide us a copy of your insurance card.

More Information When Applying for Community Helpers Emergency Assistance

You MUST be a resident of Rutherford County for at least 6 months.

1. SINGLE FAMILY DWELLINGS (NO MULTIPLE LEASES)
2. WE CANNOT PAY RENT TO RELATIVES OR OTHER CLIENTS OF COMMUNITY HELPERS.
3. FOR MEDICINES: Bring all the above plus the prescription or bottle showing a refill between the hours of 9am-11:30am/1:30pm-3:30pm.

Tuesday, Wednesday, and Thursday
8:00 am-noon & 1:00-4:00 pm
By Appointment
Walk-ins welcomed upon availability

ADDITIONAL HELP IN RUTHERFORD COUNTY

First Call for Help	211
Domestic Violence	615-896-2012
Legal Aid of Middle TN	615-890-0905
Social Security Office	1-866-593-3112
Murfreesboro Housing Authority	615-893-9414
Barnabas Vision	615-556-5134
Journey Home	615-809-2643
308 W. Castle St	

SHELTERS

Salvation Army	615-895-7071
1137 W. Main St.	
Doors of Hope	615-203-5221
Stepping Stones	615-900-4427
Coldest Nights	615-434-2653

FOOD/FOOD STAMPS

Nourish Food Bank	615-203-3963
1809 Memorial Blvd	
Smyrna Food Bank	615-355-0697
130 Richardson, Smyrna	
Department of Human Services	615-848-5153
1711 Old Fort Parkway	
The Journey Home	615-809-2644
308 W. Castle St.	

RENT AND/OR UTILITIES

Operation Stand Down	615-248-1981
MCCAA (Call for appointment)	615-742-1113
412 E. Vine Street	
SLAC (Smyrna-LaVergne)	615-530-1470
Barnabas Vision	615-556-5134
Hope Station (Single Moms)	615-480-2765

MEDICAL & DENTAL

Rutherford County Health Dept.	615-898-7880
100 W. Burton	
Hope Clinic	615-893-9390
Dispensary of Hope	615-396-6167
St. Louis Clinic	615-396-6620
Interfaith Dental	615-225-4141

COUNSELING SERVICES

Greenhouse Ministries	615-494-0499
Pastoral Counseling	615-904-8623
Branches	615-904-7170

COMMUNITY HELPERS OF RUTHERFORD COUNTY, INC

Providing Emergency Assistance to Rutherford County Residents in the areas of shelter, warmth and health.

Community Helpers of Rutherford County is a **crisis-based** organization. You must have a crisis that is no fault of your own to qualify for assistance. Documentation to support your crisis will be requested with your application.

Must be a resident of Rutherford County for at least 6 months.

Please select your crisis situation:

- ☐ Loss of Income
- ☐ Auto Repair
- ☐ Health Emergency
- ☐ Insufficient Income
- ☐ Applicant or household member is Disabled and/or 62+ years old.
- ☐ Other - _____

Please provide a detailed explanation of your crisis:

_____

_____

_____

_____

_____

Do you need any additional assistance/referrals?

- ☐ LiHeap Energy Assistance Program
- ☐ Barnabas Vision
- ☐ Financial Counseling - Operation Hope / Dominion Financial
- ☐ Food / Nutrition Assistance
- ☐ Other: List below
- ☐ CSBG Elderly/Disabled/Crisis programs
- ☐ Greenhouse Ministries
- ☐ Employment Assistance - American Job Center / Goodwill Career Center
- ☐ Prescription Medication Assistance

_____

_____

_____

Please continue to the back page.

By signing this document, I acknowledge and agree to the following:

- I understand that submitting an application and/or supporting documentation does not guarantee approval or assistance from Community Helpers of Rutherford County (CHORC).
- I understand this is an application for assistance only, and CHORC will consider eligibility requirements, available funding, and other relevant factors when reviewing my request.
- I understand that all documentation submitted becomes the property of CHORC and will be maintained in accordance with agency policies and funding requirements.
- I certify that all information provided in my application and during any communication with CHORC is true, complete, and accurate. I understand that providing false, misleading, or incomplete information may result in denial of assistance and/or permanent closure of my case file.
- I understand that CHORC reserves the right to refuse assistance and/or permanently close my case file due to inappropriate, abusive, threatening, or disruptive behavior toward staff, volunteers, or other clients.
- I authorize CHORC and its assignees to verify information provided in my application at any time, including during review, after assistance is provided, and for quality control or funding compliance purposes.
- I understand that CHORC may request additional information or documentation after my appointment in order to complete the review of my request for assistance. I also understand that, when applicable, CHORC may require proof that I have paid my required portion of my rent or other obligation. Any additional information, documentation, or proof of payment requested by CHORC **must be provided within 24 hours of my appointment** unless CHORC staff provides a different deadline. Failure to provide the requested information or documentation within the required timeframe may result in my request for assistance being denied or my application being closed.
- I understand that participation in case management services is required as part of receiving assistance. I agree to participate in scheduled case management calls, follow-up contacts, and surveys related to my assistance. I understand that failure to participate in required case management or follow-up activities may impact my eligibility for future assistance.

_____ _____

Client Signature Date

C- _____

OFFICE USE ONLY

SS# _____-_____-_____ Name _____

Date _____/_____/_____ Visit # _____ # Adults _____ # Children _____

Income Type: Wages _____ Unemployment_____

SSD/SS/SSI/STD _____ Pension_____ Workman's Comp _____

Food Stamps _____ Child Support _____ Families First _____

Total Monthly Household Income: _____

Crisis Situation: ☐Loss Income ☐Auto Repair☐Health Emergency ☐Insufficient Income ☐ Disabled/62 Plus Years ☐ Exceeds Yearly Coverage Limit

_____

_____

_____

_____

_____

_____

_____

Plan: _____

_____

_____

Payment(s):

Utility Company(s):_____ Acct #:_____ Voucher:_____

_____ Acct#:_____ Voucher:_____

_____ Acct#: _____ Voucher:_____

Rent-Property Manager/Landlord:_____

Voucher:_____ Address:_____

_____

Referral(s):

☐ **MCCAA-Li-Heap Program** ☐ **CSBG Elderly/Disabled/Crisis Program(s)** ☐ **Barnabas Vision**
☐ **Greenhouse Ministries** ☐ **Operation Hope-Financial Counseling** ☐ **Nourish Food Bank**
☐ **American Career Center** ☐ **Safelink Free Wireless Phone Program** ☐ **Publix Pharmacy**

Other:_____

File Closed Till:_____

As the client requesting services, I understand, I am required to complete this referral in order to receive future assistance from Community Helpers.

Rent	_____
Mortgage	_____
Lot Rent	_____
Electric	_____
Gas	_____
Water	_____
Phone/Cell	_____
Food	_____
Internet	_____
Cable	_____
Car	_____
Car Ins.	_____
Life Ins.	_____
Other Ins.	_____
Day Care	_____
Meds	_____
Child Supt	_____
Prop Taxes	_____
Credit Card	_____
Loans	_____
Medical	_____
Other	_____
Total	_____

Staff Initials: _____

Date: _____

No person on the basis of race, color, national origin, sex, age, disability, ancestry, status as a veteran, or any other characteristics protected by Federal, State, or Local Laws will be excluded from participation in , or be denied benefits of, or be otherwise subjected to discrimination in the operation of CHORC agency.

_____

Signature of Caseworker Date