



LIFESOURCE

2109 W. Parker Road, Suite 208, Plano, Texas 75023

You must come in person to this location to receive assistance.

Office Hours: Tuesday, Wednesday, and Thursday from 10:00 am to 2:00 pm

(YOU MUST HAVE AN APPOINTMENT – No walk-ins).

Appointments are booked in 30 minute intervals from
10:30 a.m. to 1:30 p.m. on the above designated days.

Voice Phone and Fax Number: 469-814-0114

(Answering machine and automatic fax during non-office hours)

Email: info@lifesourceonline.org Website: lifesourceonline.org

LIFESOURCE offers: An Onsite Food Pantry and Limited Financial assistance with Utility Bills ONLY (by appointment only). LIFESOURCE serves the following ZIP Codes in Plano: 75023, 75024, 75025, 75074, 75075 and 75093 ONLY.

HOLIDAY SCHEDULES: LIFESOURCE is closed each year on the 4th of July and the entire week of Thanksgiving. We will close for Christmas on December 24* and reopen January 2.

*This date varies from year to year based on what day Christmas falls.

ASSISTANCE PROCEDURE (required):

- Step 1: Call LIFESOURCE for an appointment at 469-814-0114 (Please leave a message if no one answers. We return every call as received.)
- Step 2: Go online, print out this LIFESOURCE Assistance Form to bring to your appointment.
- Step 3: Fill out this Form (all pages) as directed, sign them and bring them with you in person to your allotted appointment time. Be on time.
- Step 4: In addition to your completed forms you must bring:
- A valid Drivers License or photo ID.
 - A copy of your lease or mortgage agreement (whichever applies).
 - Your income statement (can include pay stub, child support, SSI, Disability, Unemployment, Food Stamp papers, Section 8 Housing, etc...).
 - Bring ALL documents that apply to your situation (e.g. a utility bill).
Please note: LIFESOURCE does not assist with your rent.
 - The above documents must have **your** name and address on them (Note: No financial aid* will be given without the proper paperwork/documentation).
- *Limited Financial Aid is given toward utility bills only and given only once in a 12 month period. Food assistance is given every 30 days as needed.



Life Source Enrollment Form

A Member of Feeding America

Date: _____

Head of Household First: _____ Last: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone #: _____ Family Size: _____

Please list out members in household	Sex:		Age:		
	Male	Female	17 or younger	18 – 59	60 or older
Self					

Currently Employed: Yes No Monthly or Yearly Income: \$

Client Signature: _____

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).
USDA is an equal opportunity provider and employer.

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LIFESOURCE AID
PERSONAL ASSISTANCE
QUESTIONNAIRE
(Please print clearly)



LIFESOURCE

Date _____ Name _____ Phone _____
(ID Proof Required)

Date of Birth: _____ Last Four of SS#: XXX-XX- _____ DL# or ID#: _____

Address _____ Apt.# _____ City _____ Zip _____

Last two addresses if above is less than 2 years and how long at each

Apartments/Landlord/Mortgage holder – (Name/Address/Phone)

List all other persons in household, their relation to you and their dates of birth:

(Check one)

Married: Yes _____ No _____ How Long? _____

Divorced: Yes _____ No _____ How long? _____ Separated: Yes _____ No _____ How long? _____

List relatives in immediate area (also list nearest relative not in immediate area)

<u>Name</u>	<u>Address</u>	<u>City/State</u>	<u>Phone</u>
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<u>Which relatives can help</u>	<u>Financial</u>	<u>Place to stay</u>	<u>Other ways to get help</u>
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Who referred you to us? _____

Other agencies you have asked for help

Help given: Yes _____ No _____ (If **No** give reason for refusal)

Employment Record (current & past)

Employer (last two years)

Reason for leaving

Phone Number

Highest level of education: _____

Type of work you are qualified/trained to do: _____

MONTHLY INCOME:

Your salary _____
Spouse's salary _____
SSI _____
TANF _____
Child support _____
Food stamps _____
Other _____
Other _____
Total Income _____

MONTHLY EXPENSES:

Housing _____
Electric _____
Gas _____
Water _____
Telephone _____
Car payment _____
Gasoline _____
Cable _____
Day care _____
Medical _____
Credit Cards _____
Food _____
Total Expenses _____

Describe the kind of help you are looking for & briefly explain why you need it:

Check services below that you are interested in participating. (Some are not always available)

Utilities ____ **Food** ____ **Life Coaching** ____

By signing this form you declare that all of the above statements are true. You are authorizing LifeSource to verify any and all information through all means available. Authorization includes, but is not limited to, credit checks, rental history, medical records, employment history, eviction and criminal history investigations.

Signature

Date

LIFESOURCE operates in accordance with the US Department of Agriculture and Texas Department of Human Services policy, which prohibits discrimination on the basis of race, color, sex, age, disability, religion, political belief, or national origin. LIFESOURCE is a 501 (c) (3) tax exempt organization.