

Care Work Forms.

- 1) - Face Sheet
- 2) Daily Work Sheet
- 3) Application Form
- 4) Memo
- 5) #wra 76 = P.A. Grant

DATE _____

Employment:

Employer	Address	Dates	Position

Occupation	Address	Members of the Family Not in the Home

Marriage--Date and Place:	Legal Residence:
Religion:	Previous Marriages: Name Date Death Separated Divorced

Relationship	Address	Name

WAR RELOCATION AUTHORITY
GRANADA PROJECT
PUBLIC WELFARE SECTION
.....
APPLICATION SHEET

Referred to: _____
(Case Worker)

Appointment: _____
Day Date Time

Name: _____ Address: _____
Last First Middle

Head of Family: _____ Family (Case) No. _____

Statement of Problem: (As nearly as possible in words of applicant)

Referred By: _____

To be checked by Case Worker:

Direct Service Cases

- Intake Status Under Care
 Public Assistance
 New Service
- Reopened Incidental Service
 Transfer
 Visit
 Unempl. Comp.
 Other

(Check and Underline Specific Type)

- Service to Other Agency
- Report on Closed Case: C.T.I.: Other
- (Check and Underline Specific Type)

Application Not Made
Case

Disposition

- Fwd. to Next Month
- Close
- (Check at End of Month)

WAR RELOCATION AUTHORITY
 GRANADA PROJECT
 PUBLIC WELFARE SECTION

 APPLICATION SHEET

Referred to: _____
 (Case Worker)

Appointment: _____
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Name: _____ Address: _____
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Application Not Made Case

Disposition

(Check and Underline Specific Type)

Service to Other Agency
 Report on Closed Case: C.T.I.: Other
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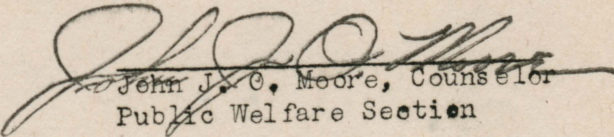
Fwd. to Next Month

Close

(Check at End of Month)

Please call at Agent-Cashier, Room 10, No. Ad. Bldg. for your
grant, No. _____ on _____
between 1:00 to 4:00 p.m.

Kindly bring this slip and proper identification with you.


John J. O. Moore, Counselor
Public Welfare Section

Case No. _____

APPLICATION FOR PUBLIC ASSISTANCE GRANT

Project _____ Date _____

Applicant's Name _____

Address _____

Family Composition

List Head of Family and Other Members of Household	Relation To Head	Age	Sex	Working		Not Working		Reason Unable to Work	Children in School	
				Yes	No	Seeking Work	Unable To Work		Yes	No
1.	Head									
2.										
3.										
4.										
5.										
6.										
7.										
8.										

Financial Statement

Assets	\$ _____	Liabilities	\$ _____
.	\$ _____	\$ _____
.	\$ _____	\$ _____
Total	\$ _____	\$ _____

Cash income during past 90 days \$ _____

(Over)

I hereby certify that the above information is true and correct to my best knowledge and belief and that my resources are not adequate to meet the essential needs of myself and my family.

(Signature) _____

REPORT

Applicant's Needs are:

Recommendation:

Application rejected:

(Cross out
(inapplicable
(statement.

Grant approved in the amount of \$ _____

Date _____

(Head, Public Welfare Section)

Grant Paid _____

(Date)

Voucher No. _____

Amount.. \$ _____