Care Wall Forms.

- 1) Face Sheet
- 2) Daily Work Steel
- 3) Application Forms +). Wemo
- 5) #wra 76: P.a. grant

#### FACE SHEET

CASE NO.								
ser Dates			ethbi	USES NO.				
Birth Date	Birth Place	Do	eath	Occupa	tion	Grade Compl.	Citi	
	Address			Occus	pation			
			Ma	arriage	-Date	and Plac	e:	
parated				Rel	ligion			
	Address			F	Relati	onship		
	Birth	Birth Birth Place  Address  Address	Birth Birth Donate Place Address  Address	Birth Birth Death Death Place Address  Address  Maeth parated worced	Birth Birth Death Occupa Place  Address Occup  Marriage-  Ref	Birth Birth Death Occupation  Address Occupation  Marriage-Date  Religion  ath parated vorced	Birth Birth Death Occupation Grade Compl.  Address Occupation  MarriageDate and Place  Religion:	

### DAILY RECORD SHEET

ateWorker						
Interviews Telephone Lotters						
Dictated	Name of Client			In Out		Remarks
-	••					
,						
						The state of the s
			20			
			1			

# WAR RELOCATION AUTHORITY GRANADA PROJECT PUBLIC WELFARE SECTION AFPLICATION SHEET

	Referred to: (Case Worker)
	(Case worker)
	Appointment:  Day Date Time
Name	Address:
Name: Last First Middle	
Head of Family:	Family (Case) No.
Statement of Problem: (As nearly as possible	
Refe	rred By:
The state of the s	And the same that the same the same that the
To be checked by Case Jorker:	
To be checked by Case Jorker:  Direct Service Cases	Application Not Made Case
Direct Service Cases  Intake Status Under Care	Case
Direct Service Cases	the mane
Direct Service Cases  Intake Status Under Care Public Assistance	Case
Direct Service Cases  Intake Status Under Care Public Assistance Service  Reopened Incidental Service Transfer Visit Unempl. Comp.	Case
Direct Service Cases  Intake Status Under Care Public Assistance Service  Reopened Incidental Service Transfer Visit Unempl. Comp. Other	Case
Direct Service Cases  Intake Status Under Care Public Assistance Service  Reopened Incidental Service Transfer Visit Unempl. Comp. Other  (Check and Underline Specific Type)	Disposition

## JAR RELOCATION AUTHORITY GRANADA PROJECT FUBLIC WELFARE SECTION

### APPLICATION SHEET

	Referred to: (Case Worker)					
	Appointment: Day Date Time					
Name:	Address:					
Head of Family:						
Refer	rred By:					
To be checked by Case Jorker:						
Direct Service Cases	Application Not Made . Case					
Intake Status Under Care Public Assistance Service	Disposition					
Reopened Incidental Service Transfer Visit Unempl. Comp. Other						
(Check and Underline Specific Type)						
Service to Other Agency	Fwd. to Next Month					
Report on Closed Case: C.T.I.: Other	Close					
(Check and Underline Specific Type)	(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.

Public Welfare Section

	APPLI	CATIO	N FOR	PUBIJ	IC AS	SISTANCE (	GRANI	ins i yn i	es. 1	
Project_		(a	winn	(510			_ Date			
Applicant's										
Address										
		F	amily	Compo	ositi	on				
List Head of Family and Other Members of Household	Relation To Head	Age	Sex	World Tes II		Not Worl Seeking Work			in S	ldren chool
1.	Head						1.0703	ebseW st	taso	Appli
2.										
3.										
4.		J								
5.									24.722.63	MANAGE A
6.										
7. daio seos	97	*			- LD	n rejecti	ite ii lgg			
8.	3		0 20	deste	is 51	al bever	ggs than			
	entities o	Fir	nanci	al Sta	ateme	nt	ed al			
Assets								\$		
		. \$						\$		-
							(6	\$		
Total		. \$						\$	er N	Yough
Cash income during	past 90	days :	\$	1						
							(Over)			
							AND THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.			

Case No.

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.

43.07	(Signature)	
		- 10 will 3 to 2 to 1
		and Widnessays
		a associa
	REPORT	
de Forking   Rearis   Initiation   In School   In Scho	ed partition 5	Parties and Color Colors Colors
Applicant's Needs are:	2 20 201 103 200	bael of blockerwoll to.
whitemers weeds are:		basil
		2.
Recommendation:		
Application reje	cted:	(Cross out
Grant approved i	n the amount of \$	(inapplicable (statement.
Date		
		c Welfare Section)
\$ sold1	Litter	· · · · · · · · · · · · pressa
Grant Paid	1.	
(Date)		
Voucher No.		fijeT
Amount \$	manual sub	Cash Drooms Arting start 90
(9620)		