



Main Office
 405 N. Elm Street, Lumberton, NC 28358
 910.277.3500 scapnc.org

Applicant: _____

Date: _____

Address: _____

Date of Birth: _____

City: _____ State: _____ Zip: _____

Gender: _____ Ethnicity: _____

Email: _____

Marital Status: Married Single
 (Circle One) Divorced Separated

Optional: By providing your email address, your consent to receive email notifications and information on behalf of SCFS. You may opt out of this email service at any time by contacting us or following the opt-out instructions included in each email you receive.

Please include all household members related by blood/marriage/ adoption **Total Family Members:**

Name	DOB	Relationship	Gender	Annual Income
Total Annual Income:				

Contact Phone Number: _____

Alternative Number: _____

Are you employed: Yes/No ?

**Were you laid off: furloughed: hours reduced: other due to COVID?
When did this circumstance begin?**

How were you effected by COVID-19

What services are you seeking due to the COVID-19 Pandemic?

Signature: _____

Date: _____

OFFICE USE ONLY

Eligible for Cares Act Funding- YES/NO

If Yes

Intake Complete- YES/NO

Appointment scheduled – YES/NO

Assigned Case Manager-

If No was customer referred to FESS- YES/No

NC Relief Grant- YES/NO

Was Customer Referred to other community agency? YES/NO

What agency :
