

The Grace Center of Southern Oklahoma
Application for State Identification / Driver's License Assistance

Date: _____

Client #: _____

Name: _____

Last

First

Middle

Maiden Name: _____ Marital Status: _____

Last 4 of SS#: _____ Date of Birth: _____

Phone #: _____ Race/Ethnicity: _____

Highest Level of Education: _____ Referred by: _____

Address: _____

Street

City

ZIP

Are you experiencing homelessness (please circle)? Yes No

Have you ever had an Oklahoma ID or driver's license before? _____

If yes, how long ago? _____

If no, do you have your birth certificate and social security card? _____

Will the address listed above be used on your ID/DL card? _____

If no, what residential address will you list on the card? _____

Whose address is this (please circle)? Family Member Friend Nonprofit Program

Please check:

_____ The address listed above is my residence where I receive mail. If my ID/DL card was mailed to this address, I **would** receive it.

_____ The address listed above is a family member or friend's residence and it is where I receive mail. If my ID/DL card was mailed to this address, I **would** receive it.

_____ The address is an old address. I do not receive mail there. If my ID/DL card was mailed to this address, I **would not** receive it. I would like the card mailed to the Grace Center of Southern Oklahoma where I could pick up the ID/DL at my convenience.

Amount needed: _____

How much can you put towards obtaining your state ID/DL? _____

Explain why you need assistance at this time or what crisis led you to come here? _____

How will your situation change next month? _____

Monthly Budget Income/Expenses

What sources of income do you receive:

___ Employment Income (Gross Income \$ _____ Hourly/Weekly/Monthly)

___ Other adult(s) in the household income \$ _____

___ Unemployment benefits \$ _____

___ Social Security (please circle) Disability Benefits Survivor Benefits Retirement
\$ _____

___ Food Stamps \$ _____

___ TANF \$ _____

___ Child Support \$ _____

___ Workers Compensation \$ _____

What expenses do you currently have:

___ Rent/Mortgage \$ _____

___ Electricity \$ _____

___ Gas (Heat) \$ _____

___ Water \$ _____

___ Car Payment \$ _____

___ Telephone (cell) \$ _____

___ Insurance (auto/health) \$ _____

___ Gasoline \$ _____

___ Credit Card debt \$ _____

___ Prescriptions \$ _____

___ Food \$ _____

___ Cable/Internet \$ _____

___ Child Support \$ _____

The information I have provided above is TRUE. I give permission for the release of pertinent information to Grace Center of Southern Oklahoma and other organizations that might be able to help meet my needs. I understand that all information is kept confidential.

Applicant's signature: _____ Date: _____