

Pre-Screening Documentation

Neighborhood Counseling Services

111 Shirley Picard Drive

Lafayette, LA. 70501

(337) 291-5450

Name: _____

Address: _____

Home: _____

Cell: _____

Work: _____

Email: _____

Type(s) of Income (Check ALL that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Pension/Annuities | <input type="checkbox"/> Asset Disposal |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Assets on Deposit | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Alimony | <input type="checkbox"/> VA | <input type="checkbox"/> Public Assistance |
| <input type="checkbox"/> Military | <input type="checkbox"/> Unemployment | |
| <input type="checkbox"/> Business Income | <input type="checkbox"/> Recurring Cash Contribution | |

Income Source: _____
(Name of Employer)

Contact Person: _____

Address: _____

Phone: _____

Fax: _____

Appointment Date: _____