

1809 Memorial Blvd Murfreesboro, TN 37129 615-898-0617 / Chorctn.org

chorcreceptionist@chorctn.org or chorccaseworker@chorctn.org

Name:	D	ate:

Please mark Yes or No below for each line that pertains to you. You must provide supporting documentation for each item marked Yes. **Appointments cannot be made until all documents have been provided to the office.**

√Yes	√ No	Date	Intake	Check List	
		Provided		OTROIT LIST	
Everyone MUST provide:			vide:	Income Data	
				Are you employed? If yes, please provide pay stubs for the last 4 weeks. Weekly = 4 Stubs Bi-Weekly = 2 Stubs Monthly = 1 Stub	
				Do you receive child support? If yes, please provide verification of child support payments received.	
				Families First / TANF / Food Stamp Benefits? If yes, please provide verification of benefits.	
				SSI / SSD / Social Security / Va / Retirement Benefits? If yes, please provide your benefit letter. Must be for the current calendar year.	
			Receiving unemployment benefits? Please provide your benefit statement.		
				Do you receive Short-Term or Long-Term Disability payments? Please provide proof of payments.	
				Unemployed but not receiving unemployment currently, please provide your Separation Notice.	
				If you are currently making no income, please provide a support statement from the individual(s) that have been assisting you. Must include their signature and telephone number.	
Everyone MUST provide:		vide:	General Items		
				Driver's License and Social Security card for applicant.	
				Social Security cards for all members of the household.	
				Crisis documentation - bill showing larger than normal amount due / expenses or unexpected repairs / other documentation showing crisis.	
Do you need:			Rental Assistance		
				Copy of lease/rental agreement showing proof of monthly payments and valid timeframe.	
				Signed Rent Document completed by your landlord.	
	Do you need:			Utility Assistance	
				Copy of current utility bill(s) requested for assistance.	
Do you need:				Medication Assistance	
				Please provide a copy of your prescription or bring your medication bottle(s) with you.	
				Do you have insurance? If so, please provide us a copy of your insurance card.	





Scan to Apply

More Information When A	pplying for	FOOD/FOOD STAMPS	
Community Helpers Emergency Assistance		Nourish Food Bank	615-203-3963
You MUST be a resident of Rutherford County		1809 Memorial Blvd	
for at least 6 months.		Smyrna Food Bank	615-355-0697
1. SINGLE FAMILY DWELLINGS (NO MULTIPLE		130 Richardson, Smyrna	
<u>LEASES)</u>		Department of Human Services	615-848-5153
2. WE CANNOT PAY RENT TO RELATIVES OR OTHER CLIENTS OF COMMUNITY HELPERS.		1711 Old Fort Parkway	
3. FOR MEDICINES: Bring all the above plus the		The Journey Home	615-809-2644
prescription or bottle sh the hours of 9am-11:30ar	_	308 W. Castle St.	
Tuesday, Wednesday	· •		
8:00 am-noon & 1:00-4:00 pm By Appointment		RENT AND/OR UTILITIES	
Walk-ins welcomed u	pon availability	Operation Stand Down	615-248-1981
		MCCAA (Call for appointment)	615-742-1113
ADDITIONAL HELP IN RUTHERFO	RD COUNTY	412 E. Vine Street	
First Call for Help	211	SLAC (Smyrna-LaVergne)	615-530-1470
Domestic Violence	615-896-2012	Barnabas Vision	615-556-5134
Legal Aid of Middle TN	615-890-0905	Hope Station (Single Moms)	615-480-2765
Social Security Office	1-866-593-3112	MEDICAL & DENTAL	
Murfreesboro Housing Authority	615-893-9414	Rutherford County Health Dept.	615-898-7880
Barnabas Vision	615-556-5134	100 W. Burton	
Journey Home	615-809-2643	Hope Clinic	615-893-9390
308 W. Castle St		Dispensary of Hope	615-396-6167
<u>SHELTERS</u>		St. Louis Clinic	615-396-6620
Salvation Army	615-895-7071	Interfaith Dental	615-225-4141
1137 W. Main St.		COUNSELING SERVICES	
Doors of Hope	615-203-5221	Greenhouse Ministries	615-494-0499
Stepping Stones	615-900-4427	Pastoral Counseling	615-904-8623
Coldest Nights	615-434-2653	Branches	615-904-7170