



ISLAMIC SOCIAL SERVICES OF OREGON STATE (ISOS)
10175 SW Barbur Boulevard, Suite 100BA, Portland, OR. 97219
(503) 259-2320
Resource Aid Form

Revision 6.2 - October 2, 2015

IMPORTANT: Please read before completing the Resource Aid Form.

ISOS works in collaboration with social service agencies and local Muslim organizations to fulfill the emergency aid request. You must have already applied to them, as your referral, before requesting aid from ISOS. If you have not done so, click on the link below that provides a list of some of the available agencies.

[Self Sufficiency Resources](#)

Before completing the Resource Aid Form, you agree to the following, by checking off each item:

That you are a resident of Oregon State or Vancouver, WA.

That you have already applied to and received approval from another social service agency before applying for aid with ISOS.

That you will be able to provide proof of current income and expenses along with the previous year's tax return.

That you will provide a clear outline of an action plan to maintain your basic provisions in the following months.

NOTE: ISOS never gives aid in the form of cash.

Please complete every section of this application. If a question does not apply to your situation, enter N/A in that field. Fields with **red** border **must** be completed or the application will not be submitted. **If any section is left blank**, the application will be declined due to lack of information. ISOS needs a minimum of 1 week to respond to the request.

ISOS respects the privacy of all applicants. Any information you submit to us is only used internally by ISOS board members to determine eligibility. We assure you that we do not share your information with anyone without your knowledge/consent and all information submitted is kept strictly confidential.

ISOS is not to be held liable for any legal violation from the applicant for misuse of the funds and services rendered to them.



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PERSONAL INFORMATION

Today's Date: _____

Last Name: _____ First: _____ M. I. _____

Other Names Used: _____

Home Phone: _____ Mobile Phone: _____

Street Address: _____

City, State, & Zip: City: _____ State: _____ Zip: _____

How many months at this address: _____ Email: _____

Driver's License # or ID Card #: _____ Issuing State: _____

Date of Birth: _____ Gender: Male Female

Ethnicity: _____

Languages Spoken: _____

RESIDENCE STATUS

Social Security #: _____ OR/WA Residence Since: _____

Green Card Green Card #: _____

U.S. Citizen Naturalization Date: _____

Other - Explain _____

MARITAL STATUS

Single	Married	Divorced	Separated	Widowed
# of people living with you? _____	# of people dependent on you? _____			
# of children living with you: _____	Please provide details below.			
Name: _____	Age: _____	Relationship: _____		
Name: _____	Age: _____	Relationship: _____		
Name: _____	Age: _____	Relationship: _____		
Name: _____	Age: _____	Relationship: _____		
Name: _____	Age: _____	Relationship: _____		
Name: _____	Age: _____	Relationship: _____		

MARITAL STATUS (continued)

Is your marriage legally recognized by OR or WA state?

Yes

No

Legally divorced?

Yes

No

Date of Divorce:

Legally separated?

Yes

No

Date of Separation:

EMPLOYMENT STATUS

Employed

Unemployed

Self Employed

Employer's Name:

Employer's Address:

Employer's Phone:

Length of Employment:

Years: _____ Months: _____

Can we contact your employer?

Yes

No

If No, please provide reason below.

If unemployed, how long?

Years: _____ Months: _____

If you are unemployed, are you enrolled in the following: (check all that apply)

[Apprenticeship Program](#)

[Work Source](#)

[Jobs Plus Programs](#)

Comments (if any):

FINANCIAL STATUS (Income)

Employment Income:

Workman's Compensation:

Veteran's Benefits:

Work Study:

Alimony (Spousal Support):

Social Security Income:

Family Assistance:

Monthly Rent Subsidy:

Income based rental discount:

Other (Specify):

Unemployment Income:

Pension:

College Financial Aid:

Child Support:

Monthly Tanif:

Social Security Disability:

Food Stamps:

Section 8:

FINANCIAL STATUS (Expenses)

Rent/Mortgage:	_____	Electricity:	_____
Gas:	_____	Water:	_____
Phone:	_____	Car Insurance:	_____
Car Payment:	_____	Transportation:	_____
Health Insurance:	_____	Medical Expenses:	_____
Food:	_____	Other Expenses:	_____

Total Income:	_____	Total Expenses:	_____
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How much financial aid is requested from ISOS? _____

How will the aid be used?

Is this a one-time request? Yes No

Provide outline of your action plan to be self sufficient:

COMMUNITY PARTNERS INFORMATION

Please identify your referrals.

Organization Name:	_____	
Case Worker:	_____	Case Worker's Phone: _____
Type of Assistance Provided:	_____	

Organization Name:	_____	
Case Worker:	_____	Case Worker's Phone: _____
Type of Assistance Provided:	_____	

Organization Name:	_____	
Case Worker:	_____	Case Worker's Phone: _____
Type of Assistance Provided:	_____	

ADDITIONAL AVAILABLE RESOURCES

Depending on your need, here are some recommended resources.

Education and Training – Do you need to get a higher level of education or further training to increase your ability to earn more income?

- [Available grants for your education/training needs](#)

[Employment Support Services:](#)

Do you need to enroll in community work source center programs or find an industry recruiter for your profession?

[Affordable Housing:](#) Are you paying more than 60% of your income in rent or mortgage?

[Financial Budget](#)

[Training:](#) Are you having difficulty managing your current income with your expenses?

Applicant Signature: _____ Date: _____

NEXT STEPS

1. Save your completed application to the local hard drive on your computer.
2. If you are planning to submit the application via email, then attach the application to the email and send it to info@i-sos.org.
3. If you are planning to submit the application by mailing it through U.S. Postal service, then print the application and mail it to:
Islamic Social Services of Oregon State
10175 SW Barbur Boulevard,
Suite 100BA,
Portland, OR. 97219

Should you have any questions, please call ISOS Office at (503) 259-2320

FOR ISOS USE ONLY

Date: _____ ISOS Case Worker: _____

Approved – Details of the aid provided:

Not Approved; Reason: