NORTH BREVARD CHARITIES
SHARING CENTER

SPECIAL NEEDS FORM

Please answer the following questions for all members of your household. Check the appropriate box	Unknown	No	Yes	Refused	If yes, name of household member
Alcohol Abuse					
If yes, is condition expected to be long and indefinite duration?					
Receiving Treatment?					
Drug Abuse					
If yes, is condition expected to be long and indefinite duration?					
Receiving Treatment?					
HIV/AIDS					
Receiving Treatment?					
Developmental Disability					
Receiving Treatment?					
Chronic Health Condition					
Receiving Treatment?					
Physical Disability					
Receiving Treatment?					
Mental Health Issues					
If yes, is condition expected to be long and indefinite duration?					
Receiving Treatment?					
Domestic Violence Experience					
If yes, when did domestic violence occur					

I certify that the above information is correct to the best of my knowledge. I understand that fraudulently representing myself could prevent me from receiving assistance from North Brevard Charities Sharing Center and could result in legal action being taken against me.

In accordance with Federal Law and US Dept. of Agriculture policy, this institution is prohibited from discrimination on the basis of race, national origin, sex, age, or disability. To file a complaint, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue. SW, Washington, DC 20250-9410 or call (800)795-3272(voice) or 202-720-6382(TTY). USDA is an equal opportunity employer.

*Signature*____ *Date* ______________________