

As an agency, we want your help in deciding what services could best help you and your family. Please start by introducing yourself to us and putting your information inside the large circle in the center of this page. Using the picture keys along the sides of this page, show what you need help with by circling the picture that represents your need. You may use one or all of the circles depending upon the needs you have. You can also assist us by indicating on the bottom of this page what type of supports you have such as: parents, friends, a church or counselor. A list of resources in your community is attached. You may bring or mail this form to the SRS Service Center at _____.

If you need help right away, please call _____. Please let us know what language you speak _____ and write _____ and whether you have a need for other communication assistance such as Braille or Sign Language _____. **For more information or to apply for benefits right away, please visit our website at www.srskansas.org or call 1-888-369-4777. This is NOT an application.**

Help With:



Child Care



Child/Medical Support



Child/Adult Personal Safety



Clothing



Education & Training



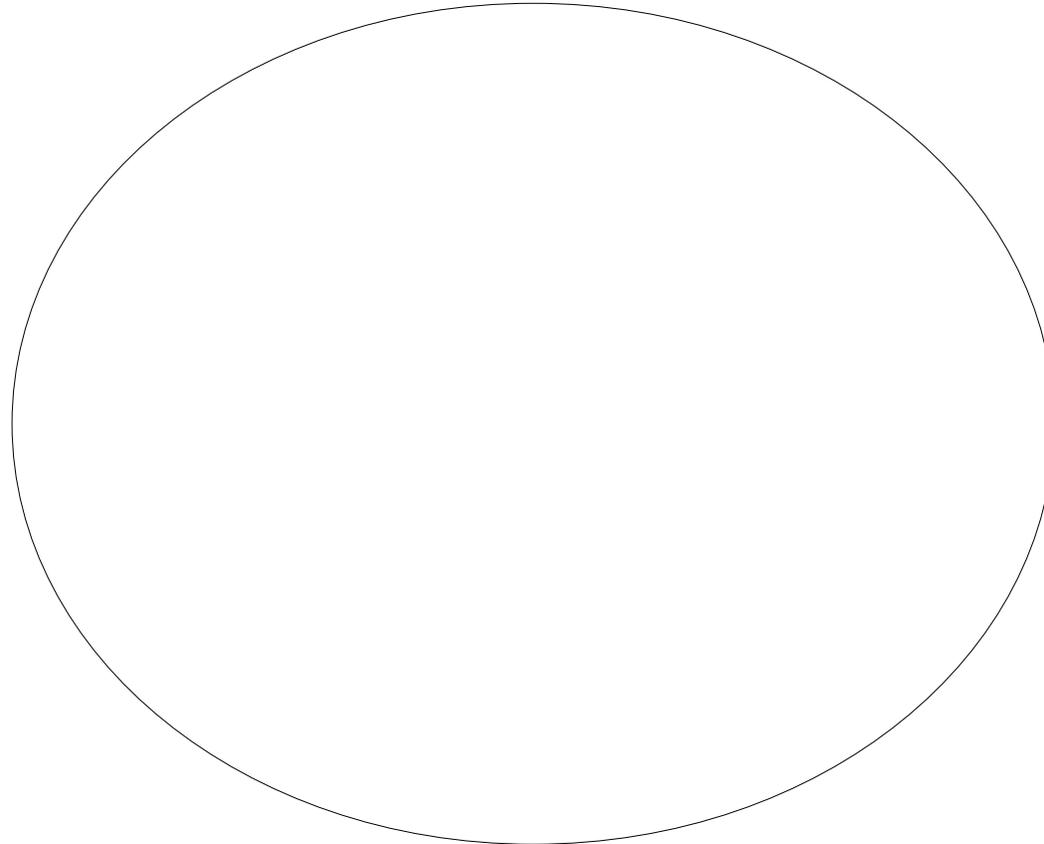
Food



Housing/Utilities



Job



Help With:



Medical & Dental Cost



Mental Health



Money



**Employment Help for
People with Disabilities**



Senior/Elder Care



Special Needs for Adults/Children



Substance Abuse



Transportation

List Resources That Might Help You Here:
