



INTAKE APPLICATION

Service(s) you are applying for:

DATE: _____

| | | | | | | | | |
|--------------------------------------------------------|------------------------------------------------------|------------------------------------------------|-----------------------------------------------|----------------------------------------|----------------------------------------------|---------------------------------------------|----------------------------------------------|---------------------------------------------|
| HEATING/UTILITY ASSISTANCE <input type="checkbox"/> | EMERGENCY VEHICLE REPAIR <input type="checkbox"/> | EMERGENCY SERVICES <input type="checkbox"/> | VETERANS SERVICES <input type="checkbox"/> | HEAD START <input type="checkbox"/> | EARLY HEAD START <input type="checkbox"/> | MEALS ON WHEELS <input type="checkbox"/> | CONGREGATE MEALS <input type="checkbox"/> | COMMODITY FOODS <input type="checkbox"/> |
|--------------------------------------------------------|------------------------------------------------------|------------------------------------------------|-----------------------------------------------|----------------------------------------|----------------------------------------------|---------------------------------------------|----------------------------------------------|---------------------------------------------|

Household Information

| FIRST NAME | LAST NAME | SSN | DOB | GENDER | RACE | HISPANIC (Y or N) | DISABLED (Y or N) | VETERAN (Y or N) | EDUCATION LEVEL | TYPE OF HEALTH INSURANCE | RELATIONSHIP TO HoH |
|--------------------------|-----------|-----|-----|--------|------|-------------------|-------------------|------------------|-----------------|--------------------------|---------------------|
| <u>Head of Household</u> | | - - | / / | | | | | | | | Self |
| | | - - | / / | | | | | | | | |
| | | - - | / / | | | | | | | | |
| | | - - | / / | | | | | | | | |
| | | - - | / / | | | | | | | | |
| | | - - | / / | | | | | | | | |

Mailing Address (city/state/zip/county): _____

Physical Address (if different): _____

Home Phone: _____

Cell/Other Phone: _____

General Information

| | | | | | | |
|-----------------|-------------------------------------|------------------------------------|--------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|
| Marital Status: | MARRIED <input type="checkbox"/> | SINGLE <input type="checkbox"/> | DIVORCED <input type="checkbox"/> | SEPARATED <input type="checkbox"/> | PARTNER <input type="checkbox"/> | WIDOWED <input type="checkbox"/> |
|-----------------|-------------------------------------|------------------------------------|--------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|

| | | | | | | | | | |
|--------------------|--------------------------------|--------------------------|-------------------------------------|----------------------------------------|----------------------------------|--------------------------|--------------------------|-------------------------------|--------------------------|
| FAMILY TYPE | MARRIED (Living w/children) | MARRIED (No children) | MARRIED (Spouse in nursing home) | MULTIPLE ADULTS (Living w/children) | MULTIPLE ADULTS (No children) | FOSTER PARENT | GRAND- PARENT | SINGLE (Living w/children) | SINGLE (Living alone) |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Income Information

Please use one line for each type of income.

| RECIPIENT NAME | SOURCE (Wages, Social Security, SSI, Child Support, Scholarships/Grants, Unemployment, etc.) | EMPLOYMENT STATUS (Full time, Part time, Not employed) | MONTHLY GROSS AMOUNT |
|----------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL HOUSEHOLD MONTHLY INCOME: | | | |

Dwelling Information

| | | | | | | |
|------------------------|---------------------------------|------------------------------------------------|-----------------------------------------------|--------------------------------------------------------|--------------------------------------|--------------------------------------------------|
| Home Ownership: | OWN <input type="checkbox"/> | RENT- Unsubsidized <input type="checkbox"/> | RENT - Subsidized <input type="checkbox"/> | LIVING W/FRIENDS OR FAMILY <input type="checkbox"/> | HOMELESS <input type="checkbox"/> | TRANSITIONAL/SHELTER <input type="checkbox"/> |
|------------------------|---------------------------------|------------------------------------------------|-----------------------------------------------|--------------------------------------------------------|--------------------------------------|--------------------------------------------------|

| | | | | | | | |
|---------------------------|-----------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|----------------------------------|------------------------------------------|---------------------------------|
| Heating Fuel Type: | NATURAL GAS <input type="checkbox"/> | PROPANE <input type="checkbox"/> | ELECTRIC <input type="checkbox"/> | FUEL OIL <input type="checkbox"/> | WOOD <input type="checkbox"/> | WOOD PELLETS <input type="checkbox"/> | Electric Provider: _____ |
|---------------------------|-----------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|----------------------------------|------------------------------------------|---------------------------------|

Certification Statement

I certify that the information I have provided is complete and correct to the best of my knowledge and is made in good faith. I further give my consent to Community Action Alger-Marquette personnel to verify eligibility and provision of services. I am aware that this application may be forwarded to other departments of Community Action Alger-Marquette. I understand that this information will be used to determine eligibility for any and all services provided to me by Community Action Alger-Marquette. I further understand that this information may be disclosed to other service providers in order to determine my eligibility for their services. This information will be shared on a need-to-know basis only.

Applicant Signature: _____ **Date:** _____

CAAM Staff Signature: _____ **Date:** _____