



### 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"/>
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#### 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"/>
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<b>FAMILY TYPE</b>	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
<b>TOTAL HOUSEHOLD MONTHLY INCOME:</b>			

**Dwelling Information**

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

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

**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:** \_\_\_\_\_