

Denied Reason _____

Entered in CAP60

Approved Fund Source _____ Approved By _____

Entered in WxPro

Job # _____ Priority # _____ Date Approved _____

Fuel Assistance \$ _____

Coordinator's Signature _____ Date _____

- | | | | | |
|---|---|---|---|--|
| <input type="checkbox"/> Weatherization | <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Energy Share | <input type="checkbox"/> Rent/Mortgage Assist. | <input type="checkbox"/> IDA |
| <input type="checkbox"/> Furnace | <input type="checkbox"/> Emergency Pantry | <input type="checkbox"/> Rep. Payee | <input type="checkbox"/> Security Deposit Assist. | <input type="checkbox"/> Self-Reliance |
| <input type="checkbox"/> Water Heater | <input type="checkbox"/> School Supplies | <input type="checkbox"/> SSVF | <input type="checkbox"/> Prescription Assistance | <input type="checkbox"/> HOME Rehab. |
| <input type="checkbox"/> Cooling | <input type="checkbox"/> Clothing/Furniture | <input type="checkbox"/> Housing Counseling | | |

For agency use only

Date _____ Household Size _____



CLIENT INTAKE



First Name _____ MI _____ Last Name _____ Nickname _____

Birth Date _____ Age _____ SSN _____ Gender _____

Email Address _____ Mobile Home Park _____

Street Address _____ City _____

State _____ Zip Code _____ County _____ Mailing Address _____

Cell Phone _____ Home _____ Work _____

Highest Level of Education Completed

- 0-8
- 9-12 (non-graduate)
- High school graduate
- GED
- 12th grade + some post-secondary
- 2 or 4 year college graduate
- Graduate of other post-secondary school

Race

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Biracial/Multi-Racial
- Other _____

Are you disabled?

- Yes
- No

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino

Work Status

- Employed full-time
- Employed part-time
- Unemployed (6 months or less)
- Unemployed (more than 6 months)
- Unemployed (not in labor force)
- Retired
- Migrant Seasonal Farm Worker

Health Insurance

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> ACA |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Caring Program for Children |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Healthy Steps |
| <input type="checkbox"/> Direct-Purchase | <input type="checkbox"/> Indian Health Services |
| <input type="checkbox"/> Employment Based | <input type="checkbox"/> Military/VA |
| <input type="checkbox"/> Other _____ | |

Marital Status

- Single
- Domestic Partner
- Married
- Separated
- Divorced
- Widowed

Military Status

- No Affiliation
- Veteran
 - Service Start Date _____
 - Service End Date _____
 - Disability % _____

Various Characteristics (check all that apply)

- Referred from Social Services?
- Receive housing assistance? Amount \$ _____
- Receive SNAP benefits? Amount \$ _____
- North Dakota Resident?
- Less than \$10,000 in assets?
- Documented medical need?

Fuel Assistance

- Approved
- Applied
- Plan to Apply
- Not interested

Source(s) of Heat

- Natural Gas
- Propane
- Oil
- Electricity
- Other _____

Names of your Utility Companies

Heat _____
Electricity _____

What year was your home built _____

How long have you lived here _____

Has your home been weatherized before? Yes No

Do you have any health problems? Yes No
(This will be discussed during the inspection of your home)

I acknowledge that I have received the "USDA Non-Discrimination Statement." Signature _____ Date _____

Family Type

- Single person
- Female single parent
- Male single parent
- Two parent household
- Two adults, no children
- Non-related adults with children
- Multigenerational household
- Extended family
- Other _____

Housing

- Contract for deed
- Own
- Rent
- Temporary quarters
- Homeless with roof
- Homeless without roof
- Other permanent housing
- Other _____

Housing Costs

Rent/Mortgage \$ _____

Lot Rent \$ _____

Do you receive rental assistance?

-
- Yes
-
- No

If homeless, are you self-certified or do you have a certificate of homelessness?

-
- Self-certified
-
- Certificate

Residence Type

- Mobile Home
- House
- Duplex
- 4-Plex
- Apartment
- # of units _____
- Hotel/Motel
- Automobile

Do you need any of the following?

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Housing counseling | <input type="checkbox"/> Past-due electric bill assistance | <input type="checkbox"/> Weatherization of your home | <input type="checkbox"/> Food |
| <input type="checkbox"/> Prescription assistance | <input type="checkbox"/> Past-due rent/mortgage assistance | <input type="checkbox"/> Furnace repairs or replacement | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> Employment and training | <input type="checkbox"/> Security deposit assistance | <input type="checkbox"/> Water heater repairs or replacement | <input type="checkbox"/> School Supplies |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Self sufficiency case management | | |

Monthly Household Income: list every source of income that anyone receives **No Income**

I hereby certify that no one in the household receives any sort of income. I consent to the making of any reasonable inquiries to verify the statements herein. I also understand that false statements or omissions are grounds for disqualification and/or prosecution under the full extent of the law.

Name	Net	Gross	Source of Income
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

Examples: Employment	Social Security	TANF	VA Payments	Child Support
Unemployment	SSI/SSDI	Pension	Rent Income	Other

The income and information I have provided on this Client Intake are true and accurate to the best of my knowledge.

Signature _____

Date _____

Alternate Contact (someone who knows how to reach you)

Name(s) _____

Phone #(s) _____

Are you attending a secondary, vocational, technical, or academic school full-time? Yes NoIf you are in between terms, do you intend to return to school? Yes NoIs your primary language English? Yes No If not, what is your primary language? _____

Who referred you to Community Action? _____

If applying for Weatherization, Furnace, Water Heater, or Cooling, please read this section, sign, and date.

I, the applicant, declare that I understand the eligibility requirements for weatherization assistance and/or emergency LIHEAP assistance. The information provided by me to establish my eligibility is true and accurate to the best of my knowledge. I consent to the independent verification of this information by the authorized agent of the agency or its governmental funding source. I further consent to the inspection of my home, furnace, water heater, and cooling system by authorized personnel of the agency for the purpose of estimating and performing the weatherization work or to ensure that the subcontractor completed the work that our agency was billed for. I grant permission to the administering agency or its designee to inspect heating fuel and utility billing records for my home for up to five years before and after the performance of the weatherization work for the sole purpose of obtaining data required for evaluation of energy conserving effectiveness of the work done and direct the pertinent utility and fuel companies to make records available to the administering agency or its designee. Any and all information regarding clients will be kept confidential. All application and eligibility determination information will be protected against indiscriminate access by CAP staff and will not be made available for public review. I also grant permission to the administering agency to take photographs of my home for administrative or advertising purposes in promoting the weatherization program.

Signature _____ Date _____