

TWO RIVERS HEAD START AGENCY CSBG INTAKE FORM

APPLICANT AND FAMILY INFORMATION

Last Name _____ First Name _____

Street Address _____ Apt. # _____ City _____ Zip _____

Telephone _____

Does your family receive Food Stamps? YES NO If yes, how much per month? _____

FAMILY DEMOGRAPHICS KEY (circle below what applies to your family)

No. of People in Family: _____

Monthly Rent or Mortgage Cost \$ _____

| FAMILY TYPE (PRESENT TIME) | HOUSING STATUS | DWELLING TYPE |
|----------------------------|--|---|
| SINGLE PARENT | RENTER | SINGLE FAMILY HOME |
| TWO PARENT FAMILY | If renter, do you receive Section 8/Subsidized rent? (Y/ N) | APARTMENT (# of apartments in building __2-4 __5-10 __11 or more) |
| FOSTER PARENTS | OWNERS | MOBILE HOME |
| COUPLE/NO CHILD | HOMELESS (with roof) Explain _____ | SINGLE ROOM OCCUPANCY |
| SINGLE PERSON | HOMELESS (without roof) | |
| OTHER _____ | If homeless, have you stayed in a shelter in the past 90 days? (Y/N) | |

If no income, how do you support yourself and/or family? _____

FAMILY TYPES OF INCOME: EMPLOYMENT UNEMPLOYMENT CHILD SUPPORT SOCIAL SECURITY SSI
 TANF WORKERS COMP GENERAL ASSISTANCE PENSION NONE

| TYPE OF INCOME | NAME OF PERSON WHO RECEIVES INCOME | HOW OFTEN THEY RECEIVE INCOME | | | | AMOUNT (Before taxes) |
|----------------|------------------------------------|-------------------------------|--------|---------|-----------------|-----------------------|
| | | Monthly | Weekly | Bi-Wkly | 2 Times a month | |
| | | Monthly | Weekly | Bi-Wkly | 2 Times a month | |
| | | Monthly | Weekly | Bi-Wkly | 2 Times a month | |
| | | Monthly | Weekly | Bi-Wkly | 2 Times a month | |

FAMILY INFORMATION (Please fill in completely)

| Names | Birth Dates | Age | Veteran Yes or No | Disabled Yes or No | Sex | Social Security Numbers | Health Insurance (medical card, private, none) | Race (Black, Hisp, White, etc). | Highest Level of Education | Relationship to Head of Household |
|-------|-------------|-----|-------------------------|--------------------------|-----|----------------------------|---|---------------------------------------|----------------------------------|--------------------------------------|
| | | | | | | | | | | SELF |
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APPLICATION AFFIRMATION AND AUTHORIZATION TO VERIFY INFORMATION

APPLICANTS STATEMENT: I certify that the above information is an accurate and complete disclosure of the requested information. I hereby acknowledge that the information relating to determination of my eligibility requires verification and/or documentation, and by my signature, I authorize others to release such information as may be required for determination of my eligibility.

Signature of Applicant _____ Date: _____

Intake Worker Signature _____ Date: _____

OFFICE USE ONLY

MONETARY ASSISTANCE:

A. Amount Approved \$ _____ Date _____ **Total Family 90 Day Income \$** _____

B. Authorized By _____ Date _____ Vendor Name: _____

C. Date Check Issued _____ Check # _____ Address: _____

Entered by: _____