

# 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

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