



## **Customer Intake Application**

Client Number:	Agency:					Application Date:			
	orain County Community Action Agen			ncy					
Primary Applicant First Name					Last Name				
,									
Social Security Number		Date of Birth			Gender				
/		//			☐ Female ☐ Other ☐ Male				
Household Information:									
Household Size:	Family Type			Building Type					
		le Parent/Female		☐ Mobile Home					
		le Parent/Male		☐ Single Family					
□ Own	☐ Two-Parent Hou				ulti-family low rise (3 stories or less)				
☐ Rent					i-family high rise (3 stories or more)				
□ Other Permanent		Two Adults/No Children							
Housing		Non-related Adults with children Multigenerational Household							
☐ Homeless	□ Othe		lousehold						
☐ Other									
		Custon	ner Addre	ss:					
Current Service Address:			Apartmer	nt/Lot/Ui	nit Floor:				
0 (14 );	('e l'ee		A .		'. FI				
Current Mailing Address (	(if different	from above): Apartment/Lot/L		nt/Lot/Ui	nit Floor:				
City ::	Ctoto		7in Codo	7' 0 1		Country			
City:	State:		Zip Code	Zip Code:		County:			
Phone Number:		Email Add		dress.	s.				
THORIC NUMBER.		Liliali Addie		u1033.					
Preferred method of conta	act?								
	Pr	imary Applicant D	emograpi	hic Info	rmation:				
Ethnicity		Race			Educati	on			
☐ Hispanic, Latino or Spa	anish	☐ American India	n/Alaskan	Native	☐ Grade 0-8				
Origins		□ Asian			☐ Grades 9-12/Non-Graduate				
☐ Not Hispanic, Latino or	Spanish	☐ Black/African A	merican		☐ High School Grad/GED				
Origins		☐ Native Hawaiian/Other Pacific		☐ 12+ Some Post-Secondary					
		Islander			☐ Education				
		☐ Other		☐ 2 or 4 Year College Graduate					
		☐ Unknown/Not-reported		☐ Graduate or other post-secondary					
Client Disabled?		☐ White Military Status		school Is Client a US Citizen?					
☐ Yes		□ Veteran			☐ Yes				
L 103		☐ Active Military							
Work Status		Health Insurance Type			Non-Cash Benefits				
☐ Employed full-time		☐ Medicaid			☐ Affordable Care Act Subsidy				
☐ Employed part-time		☐ Medicare			☐ Childcare Voucher				
☐ Migrant Seasonal Farm Worker		☐ Private/Employment Based		ed	☐ Housing Choice Voucher				
☐ Unemployed (short-term, 6		☐ Self-Insured/Direct Pay			☐ HUD-VĂSH				
months or less)		□ None			□ Other				
☐ Unemployed (long-term, more		☐ State Children's Health			☐ Permanent Supportive Housing				
than 6 months)		Insurance Program			☐ Public Housing				
☐ Unemployed (not in labor force)		☐ State Health Insurance for			□ SNAP				
☐ Retired		Adults			□ WIC				
☐ Unknown/not reported☐ Youth ages 14-24 who are									
neither working nor in school									

Additional Household Members:									
First Name	M.I.	Last Name							
Social Security Number	Date of Birth	Gender							
•		☐ Female ☐ Other							
//	//	☐ Male							
Ethnicity	Race	Education							
☐ Hispanic, Latino or Spanish	☐ American Indian/Alaskan Native	☐ Grade 0-8							
Origins	☐ Asian	☐ Grades 9-12/Non-Graduate							
☐ Not Hispanic, Latino or Spanish	☐ Black/African American	☐ High School Grad/GED							
Origins	☐ Native Hawaiian/Other Pacific	☐ 12+ Some Post-Secondary							
Oligins	Islander	☐ Education							
	☐ Other ☐ 2 or 4 Year College Graduate								
	☐ Unknown/Not-reported	☐ Graduate or other post-secondary school							
	☐ White	and district post secondary sonoti							
Client Disabled?	Military Status	Is Client a US Citizen?							
☐ Yes	□ Veteran	☐ Yes							
	☐ Active Military								
Work Status	Health Insurance Type	Non-Cash Benefits							
	☐ Medicaid	☐ Affordable Care Act Subsidy							
☐ Employed full-time☐ Employed part-time	☐ Medicare	☐ Childcare Voucher							
☐ Employed part-time ☐ Migrant Seasonal Farm Worker		☐ Housing Choice Voucher							
	☐ Private/Employment Based	☐ HUD-VASH							
☐ Unemployed (short-term, 6 months or less)	☐ Self-Insured/Direct Pay☐ None	☐ Other							
☐ Unemployed (long-term, more	☐ State Children's Health Insurance	☐ Permanent Supportive Housing							
than 6 months)	Program	☐ Public Housing							
	☐ State Health Insurance for Adults	☐ SNAP							
☐ Unemployed (not in labor force)☐ Retired	State Health Insulance for Addits	□ WIC							
☐ Unknown/not reported									
☐ Youth ages 14-24 who are neither									
working nor in school									
	MI	Last Name							
First Name	M.I.	Last Name							
First Name									
	M.I.  Date of Birth	Gender							
First Name Social Security Number	Date of Birth	Gender □ Female □ Other							
Social Security Number	Date of Birth//	Gender  □ Female □ Other □ Male							
Social Security Number // Ethnicity	Date of Birth// Race	Gender  □ Female □ Male  Education							
First Name  Social Security Number / Ethnicity  Hispanic, Latino or Spanish	Date of Birth // Race  □ American Indian/Alaskan Native	Gender  ☐ Female ☐ Other ☐ Male  Education ☐ Grade 0-8							
First Name  Social Security Number //  Ethnicity  Hispanic, Latino or Spanish Origins	Date of Birth //  Race  □ American Indian/Alaskan Native □ Asian	Gender  ☐ Female ☐ Male  Education ☐ Grade 0-8 ☐ Grades 9-12/Non-Graduate							
First Name  Social Security Number //  Ethnicity  Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish	Date of Birth //  Race  □ American Indian/Alaskan Native □ Asian □ Black/African American	Gender  ☐ Female ☐ Other ☐ Male  Education ☐ Grade 0-8 ☐ Grades 9-12/Non-Graduate ☐ High School Grad/GED							
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Social Security Number / Ethnicity  Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins	Date of Birth // Race  □ American Indian/Alaskan Native □ Asian □ Black/African American □ Native Hawaiian/Other Pacific Islander □ Other □ Unknown/Not-reported □ White	Gender  ☐ Female ☐ Other ☐ Male  Education ☐ Grade 0-8 ☐ Grades 9-12/Non-Graduate ☐ High School Grad/GED ☐ 12+ Some Post-Secondary ☐ Education ☐ 2 or 4 Year College Graduate ☐ Graduate or other post-secondary school							
Social Security Number / Ethnicity  Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins Origins Client Disabled?	Date of Birth //  Race  □ American Indian/Alaskan Native □ Asian □ Black/African American □ Native Hawaiian/Other Pacific Islander □ Other □ Unknown/Not-reported □ White  Military Status	Gender  Female Other  Male  Education  Grade 0-8  Grades 9-12/Non-Graduate  High School Grad/GED  12+ Some Post-Secondary  Education  2 or 4 Year College Graduate  Graduate or other post-secondary school  Is Client a US Citizen?							
Social Security Number / Ethnicity  Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins	Date of Birth //  Race  American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander Other Unknown/Not-reported White  Military Status Veteran	Gender  ☐ Female ☐ Other ☐ Male  Education ☐ Grade 0-8 ☐ Grades 9-12/Non-Graduate ☐ High School Grad/GED ☐ 12+ Some Post-Secondary ☐ Education ☐ 2 or 4 Year College Graduate ☐ Graduate or other post-secondary school							
Social Security Number / Ethnicity  Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins Origins  Very Client Disabled?  Yes	Date of Birth //  Race  □ American Indian/Alaskan Native □ Asian □ Black/African American □ Native Hawaiian/Other Pacific Islander □ Other □ Unknown/Not-reported □ White  Military Status □ Veteran □ Active Military	Gender  ☐ Female ☐ Other ☐ Male  Education ☐ Grade 0-8 ☐ Grades 9-12/Non-Graduate ☐ High School Grad/GED ☐ 12+ Some Post-Secondary ☐ Education ☐ 2 or 4 Year College Graduate ☐ Graduate or other post-secondary school  Is Client a US Citizen? ☐ Yes							
Social Security Number //  Ethnicity  Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins Vigins Vigins  Client Disabled? Yes  Work Status	Date of Birth //  Race  American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander Other Unknown/Not-reported White  Military Status Veteran Active Military  Health Insurance Type	Gender  ☐ Female ☐ Other ☐ Male  Education ☐ Grade 0-8 ☐ Grades 9-12/Non-Graduate ☐ High School Grad/GED ☐ 12+ Some Post-Secondary ☐ Education ☐ 2 or 4 Year College Graduate ☐ Graduate or other post-secondary school  Is Client a US Citizen? ☐ Yes  Non-Cash Benefits							
Social Security Number / Ethnicity  Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins Vigins Vigins  Client Disabled? Yes  Work Status  Employed full-time	Date of Birth //  Race  □ American Indian/Alaskan Native □ Asian □ Black/African American □ Native Hawaiian/Other Pacific Islander □ Other □ Unknown/Not-reported □ White  Military Status □ Veteran □ Active Military  Health Insurance Type □ Medicaid	Gender  ☐ Female ☐ Other ☐ Male  Education ☐ Grade 0-8 ☐ Grades 9-12/Non-Graduate ☐ High School Grad/GED ☐ 12+ Some Post-Secondary ☐ Education ☐ 2 or 4 Year College Graduate ☐ Graduate or other post-secondary school  Is Client a US Citizen? ☐ Yes  Non-Cash Benefits ☐ Affordable Care Act Subsidy							
Social Security Number / Ethnicity  Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins Vigins  Client Disabled? Yes  Work Status Employed full-time Employed part-time	Date of Birth //  Race  □ American Indian/Alaskan Native □ Asian □ Black/African American □ Native Hawaiian/Other Pacific Islander □ Other □ Unknown/Not-reported □ White  Military Status □ Veteran □ Active Military  Health Insurance Type □ Medicaid □ Medicare	Gender  ☐ Female ☐ Other ☐ Male  Education ☐ Grade 0-8 ☐ Grades 9-12/Non-Graduate ☐ High School Grad/GED ☐ 12+ Some Post-Secondary ☐ Education ☐ 2 or 4 Year College Graduate ☐ Graduate or other post-secondary school  Is Client a US Citizen? ☐ Yes  Non-Cash Benefits ☐ Affordable Care Act Subsidy ☐ Childcare Voucher							
Social Security Number // Ethnicity  Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins  Not Hispanic, Latino or Spanish Origins  Client Disabled?  Yes  Work Status  Employed full-time Employed part-time Migrant Seasonal Farm Worker	Date of Birth //  Race  American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander Other Unknown/Not-reported White  Military Status Veteran Active Military  Health Insurance Type Medicaid Medicare Private/Employment Based	Gender  ☐ Female ☐ Other ☐ Male  Education ☐ Grade 0-8 ☐ Grades 9-12/Non-Graduate ☐ High School Grad/GED ☐ 12+ Some Post-Secondary ☐ Education ☐ 2 or 4 Year College Graduate ☐ Graduate or other post-secondary school  Is Client a US Citizen? ☐ Yes  Non-Cash Benefits ☐ Affordable Care Act Subsidy ☐ Childcare Voucher ☐ Housing Choice Voucher							
Social Security Number / Ethnicity  Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins  Not Hispanic, Latino or Spanish Origins  Client Disabled?  Yes  Work Status  Employed full-time Employed part-time Migrant Seasonal Farm Worker Unemployed (short-term, 6	Date of Birth //  Race  American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander Other Unknown/Not-reported White  Military Status Veteran Active Military  Health Insurance Type Medicaid Medicare Private/Employment Based Self-Insured/Direct Pay	Gender  ☐ Female ☐ Other ☐ Male  Education ☐ Grade 0-8 ☐ Grades 9-12/Non-Graduate ☐ High School Grad/GED ☐ 12+ Some Post-Secondary ☐ Education ☐ 2 or 4 Year College Graduate ☐ Graduate or other post-secondary school  Is Client a US Citizen? ☐ Yes  Non-Cash Benefits ☐ Affordable Care Act Subsidy ☐ Childcare Voucher ☐ Housing Choice Voucher ☐ HUD-VASH							
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Social Security Number /	Date of Birth //  Race  □ American Indian/Alaskan Native □ Asian □ Black/African American □ Native Hawaiian/Other Pacific Islander □ Other □ Unknown/Not-reported □ White  Military Status □ Veteran □ Active Military  Health Insurance Type □ Medicaid □ Medicare □ Private/Employment Based □ Self-Insured/Direct Pay □ None □ State Children's Health Insurance Program	Gender  Female Other  Male  Education  Grade 0-8 Grades 9-12/Non-Graduate High School Grad/GED 12+ Some Post-Secondary Education 2 or 4 Year College Graduate Graduate or other post-secondary school  Is Client a US Citizen? Yes  Non-Cash Benefits Affordable Care Act Subsidy Childcare Voucher Housing Choice Voucher HUD-VASH Other Permanent Supportive Housing Public Housing							
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Customer Name:		Total Amount Rece	od Received 0 or 365 days)				
		\$	<del>, , , , , , , , , , , , , , , , , , , </del>				
		\$					
		\$					
		\$					
		\$					
		\$					
\$							
Income Category: Frequency:							
	□ SSI □ SSDI						
	□ SSA		□ Weekly				
☐ Fixed	☐ Pension	☐ Bi-weekly					
ППППППППППППППППППППППППППППППППППППППП	☐ Window/Widower's benefit		☐ Monthly	\$			
	☐ Adoption Assistance		☐ Yearly				
	□ Alimony	·					
	☐ Black Lung pension						
	☐ Wages		☐ Weekly				
☐ Earned	☐ Self-employment		☐ Bi-weekly	\$			
□ Earned	☐ Active Military Pay		☐ Monthly	Φ			
	☐ Ohio Electronic Child care		☐ Yearly				
	☐ Unemployment		□ Weekly				
☐ Supplemental	☐ Utility Assistance	☐ Bi-weekly	\$				
	☐ Workers' Compensation		☐ Monthly				
	Ohio Works First (TANF, ADC)	h a r in va atma a mta	☐ Yearly				
	☐ Cash withdraws from: IRA, Annuities, Otl☐ Lump sum payout from: SSI, SSDI, Estat	□ Weekly					
□ Other	settlements, Divorce settlements, insurance	☐ Bi-weekly	\$				
	winnings	☐ Monthly	Ψ				
	☐ Interest Income		☐ Yearly				
□ None		l		\$			
			Total:	\$			
	Deductions:						
Deductible Income: Frequency:							
☐ Health Insurand							
☐ Health Care Sp		□ Weekly					
☐ Medicaid Spen	<ul><li>□ Bi-weekly</li><li>□ Monthly</li></ul>	\$					
☐ Medicare Part D (RX premium)							
☐ Child Support paid-out ☐ Yearly ☐ Attorney fees for estate or trust settlements							
☐ Attorney lees it		untable Income	Doductions)	\$			
Total Household Income (Countable Income – Deductions) Federal Poverty Level:							
<u> </u>		i Guciai F	OFCITY EGVEL.	%			
I certify that this statement is true and correct to the best of my knowledge, and I authorize the release of any or all information necessary for verification purposes.							
Applicant Signature: Date:							
Approved by: Date:							