

Client Number:		Agency:		Application Date:	
		Lorain County Community Action Agency			
Primary Applicant First Name		M.I.		Last Name	
Social Security Number		Date of Birth		Gender	
___/___/_____		__/__/_____		<input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Male	
Household Information:					
Household Size:		Family Type		Building Type	
		<input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults/No Children <input type="checkbox"/> Non-related Adults with children <input type="checkbox"/> Multigenerational Household <input type="checkbox"/> Other		<input type="checkbox"/> Mobile Home <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-family low rise (3 stories or less) <input type="checkbox"/> Multi-family high rise (3 stories or more)	
Housing Status					
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other Permanent Housing <input type="checkbox"/> Homeless <input type="checkbox"/> Other					
Customer Address:					
Current Service Address:			Apartment/Lot/Unit Floor:		
Current Mailing Address (if different from above):			Apartment/Lot/Unit Floor:		
City:		State:	Zip Code:		County:
Phone Number:			Email Address:		
Preferred method of contact?					
Primary Applicant Demographic Information:					
Ethnicity		Race		Education	
<input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins		<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Not-reported <input type="checkbox"/> White		<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grades 9-12/Non-Graduate <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some Post-Secondary Education <input type="checkbox"/> 2 or 4 Year College Graduate <input type="checkbox"/> Graduate or other post-secondary school	
Client Disabled?		Military Status		Is Client a US Citizen?	
<input type="checkbox"/> Yes		<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military		<input type="checkbox"/> Yes	
Work Status		Health Insurance Type		Non-Cash Benefits	
<input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (short-term, 6 months or less) <input type="checkbox"/> Unemployed (long-term, more than 6 months) <input type="checkbox"/> Unemployed (not in labor force) <input type="checkbox"/> Retired <input type="checkbox"/> Unknown/not reported <input type="checkbox"/> Youth ages 14-24 who are neither working nor in school		<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private/Employment Based <input type="checkbox"/> Self-Insured/Direct Pay <input type="checkbox"/> None <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults		<input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Other <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Public Housing <input type="checkbox"/> SNAP <input type="checkbox"/> WIC	

Additional Household Members:

First Name	M.I.	Last Name
Social Security Number	Date of Birth	Gender
___/___/_____	___/___/_____	<input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Male
Ethnicity	Race	Education
<input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Not-reported <input type="checkbox"/> White	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grades 9-12/Non-Graduate <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some Post-Secondary Education <input type="checkbox"/> 2 or 4 Year College Graduate <input type="checkbox"/> Graduate or other post-secondary school
Client Disabled?	Military Status	Is Client a US Citizen?
<input type="checkbox"/> Yes	<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military	<input type="checkbox"/> Yes
Work Status	Health Insurance Type	Non-Cash Benefits
<input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (short-term, 6 months or less) <input type="checkbox"/> Unemployed (long-term, more than 6 months) <input type="checkbox"/> Unemployed (not in labor force) <input type="checkbox"/> Retired <input type="checkbox"/> Unknown/not reported <input type="checkbox"/> Youth ages 14-24 who are neither working nor in school	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private/Employment Based <input type="checkbox"/> Self-Insured/Direct Pay <input type="checkbox"/> None <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults	<input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Other <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Public Housing <input type="checkbox"/> SNAP <input type="checkbox"/> WIC
First Name	M.I.	Last Name
Social Security Number	Date of Birth	Gender
___/___/_____	___/___/_____	<input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Male
Ethnicity	Race	Education
<input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Not-reported <input type="checkbox"/> White	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grades 9-12/Non-Graduate <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some Post-Secondary Education <input type="checkbox"/> 2 or 4 Year College Graduate <input type="checkbox"/> Graduate or other post-secondary school
Client Disabled?	Military Status	Is Client a US Citizen?
<input type="checkbox"/> Yes	<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military	<input type="checkbox"/> Yes
Work Status	Health Insurance Type	Non-Cash Benefits
<input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (short-term, 6 months or less) <input type="checkbox"/> Unemployed (long-term, more than 6 months) <input type="checkbox"/> Unemployed (not in labor force) <input type="checkbox"/> Retired <input type="checkbox"/> Unknown/not reported <input type="checkbox"/> Youth ages 14-24 who are neither working nor in school	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private/Employment Based <input type="checkbox"/> Self-Insured/Direct Pay <input type="checkbox"/> None <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults	<input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Other <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Public Housing <input type="checkbox"/> SNAP <input type="checkbox"/> WIC

Countable Income Information

Customer Name:		Total Amount Received	Period Received (30, 90 or 365 days)
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
Income Category:		Frequency:	Total Amount:
<input type="checkbox"/> Fixed	<input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> SSA <input type="checkbox"/> Pension <input type="checkbox"/> Window/Widower's benefit <input type="checkbox"/> Adoption Assistance <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung pension	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____
<input type="checkbox"/> Earned	<input type="checkbox"/> Wages <input type="checkbox"/> Self-employment <input type="checkbox"/> Active Military Pay <input type="checkbox"/> Ohio Electronic Child care	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____
<input type="checkbox"/> Supplemental	<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Ohio Works First (TANF, ADC)	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____
<input type="checkbox"/> Other	<input type="checkbox"/> Cash withdraws from: IRA, Annuities, Other investments <input type="checkbox"/> Lump sum payout from: SSI, SSDI, Estate & Trust settlements, Divorce settlements, insurance payout, lotter winnings <input type="checkbox"/> Interest Income	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____
<input type="checkbox"/> None			\$ _____
Total:			\$ _____
Deductions:			
Deductible Income:		Frequency:	Total Amount:
<input type="checkbox"/> Health Insurance Premiums <input type="checkbox"/> Health Care Spending Accounts <input type="checkbox"/> Medicaid Spend Down (deductibles) <input type="checkbox"/> Medicare Part D (RX premium) <input type="checkbox"/> Child Support paid-out <input type="checkbox"/> Attorney fees for estate or trust settlements		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____
Total Household Income (Countable Income – Deductions)			\$ _____
Federal Poverty Level:			_____ %

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: _____