

CHANGE, Inc. Customer Intake Form

Date of Intake: _____

Applicant Information (please check all that apply)

Address: _____

First Name: _____ **M.I.:** _____ **Last Name:** _____ **Suffix:** _____

Mailing Address: _____ **Physical Address:** Same as Mailing: _____

Address: _____ Address: _____

City: _____ City: _____

State: _____ Zip Code: _____ State: _____ Zip Code: _____

County: _____ County: _____

Personal Info:

SSN: _____ **Date of Birth:** _____ (MM / DD / YYYY)

Reason for not providing SSN:

- Confidential
- Unavailable - Cannot provide
- Unknown - Will provide

Phone Numbers:

- Home _____
- Cell _____
- Message _____
- Pager _____
- Work _____

Email address: _____

Demographics:

Gender: Male Female

Ethnicity: Non-Hispanic Hispanic / Latino

Marital Status:

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

Race:

- American Indian / Alaska Native
- Asian
- Bi-Racial / Multi-Racial
- Black / African American
- Caucasian / White
- Middle Eastern
- Native Hawaiian / Other Pacific Islander

Primary Language: (If speak Second Language, Mark with "2")

- African
- Caribbean
- Creole
- East Asian
- English
- European/Slavic
- German
- Middle Eastern/South Asian
- Native, Central, South American
- North American/Alaska
- Pacific Island
- Spanish

Characteristics: (please select all that apply)

- Disabled
- No Health Insurance
- Veteran

Tribe: Yes No

Specify: _____

Family Type:

- Grandparent(s) (raising grandchildren)
- Multiple adults (no children)
- Multiple adults (living with children)
- Single parent female (living with children)
- Single parent male (living with children)
- Single person (living alone)
- Single person (living with partner)
- Two parent household (living with children)

Education:

- 0 - 8
- 9 - 12 / Non-graduate
- High school graduate / GED
- 12+ some post secondary
- Some College/Certificate/Trade
- 2 or 4 year College Graduate
- Post Graduate

Living Arrangements / Housing:

- Homeless
- Living with friends or family
- Own
- Rent (subsidized - Hud, Section 8, etc.)
- Rent (unsubsidized)
- Transitional / Shelter

Dwelling Type:

- Site Built (Built from the bottom up)
- Modular (doesn't have wheels)
- Doublewide
- Mobile Home
- Mobile Home with add on
- Row House
- Multi-family unit
- Duplex
- 3-4 Unit Rental
- Shelter
- Transitional
- Other

Applicant Information (continued)

Income:

NO INCOME SOURCES

Income Verification: Employer Verified Customer Verified
 Paystub Tax Records

Source	Amount
Alimony / child support	
Earnings	
Educational Assistance	
Estates / trusts	
Interest / dividends	
Miscellaneous	
Outside / Public Assistance (not TANF)	
Pension / Retirement	
Rental Income	
Royalties	
Social Security	
SSI	
TANF	
Unemployment	
Veteran's Benefits	
Worker's Compensation	
TOTAL	

Non-cash

Food Stamps, housing subsidies, etc.

Other System ID:

Source	Number
Driver's License	
Insurance	
CHIP's	
WXID #	
Other	
Other	

Emergency:

Name	Contact info	Relationship

Employment Verification:

Employer: _____
 Phone: _____

Employment Status:

Verification Tool:

- | | |
|---|---|
| <input type="checkbox"/> Full Time No Benefits | <input type="checkbox"/> Bureau of Employment |
| <input type="checkbox"/> Full Time With Benefits | <input type="checkbox"/> Employer Verified |
| <input type="checkbox"/> Part-Time | <input type="checkbox"/> Hire Notification |
| <input type="checkbox"/> Stipend | <input type="checkbox"/> Customer Verified |
| <input type="checkbox"/> Temporary | <input type="checkbox"/> Paystub |
| <input type="checkbox"/> Unemployed-Terminated/Layoff | |
| <input type="checkbox"/> Left Employment | Employed Since: _____ |

Previous Service Info:

Has anyone in this household ever received assistance from this agency? Yes No

If Yes, what services? _____ When? _____

Miscellaneous Info:

Which of the following do you need help with right now?

Note: This agency may not provide all of these services, but this information may help in providing you with referrals.

- | | | |
|---|--|--|
| <input type="checkbox"/> Abuse intervention | <input type="checkbox"/> Home buyers assistance | <input type="checkbox"/> Senior long-term care |
| <input type="checkbox"/> Addiction help | <input type="checkbox"/> Home repair/rehab | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Budget/credit counseling | <input type="checkbox"/> Home Weatherization | <input type="checkbox"/> Tax assistance |
| <input type="checkbox"/> Child care | <input type="checkbox"/> Job Assistance | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Child medical insurance | <input type="checkbox"/> Legal | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Literacy, GED prep/test | <input type="checkbox"/> Other: (please explain) |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Medical care | _____ |
| <input type="checkbox"/> Food | <input type="checkbox"/> Head Start / Parenting skills | _____ |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Rent | _____ |

Who referred you to us?

- Family
 Friend
 Internet website
 Phone book
 Radio
 Television
 Other Agency:(which?)

Customer Confidentiality and Release of Information Consent

I, _____, give CHANGE, Inc. consent to release, obtain and share all pertinent identifying and nonconfidential social, medical and other information about myself that will allow me to benefit from services offered. In granting such permission, I understand that such information will remain confidential and that such information will only be used for my benefit or to benefit other members of my family. Only authorized personnel will share client information needed for service delivery, to track demographic trends, service patterns and the client outcomes achieved. I release CHANGE, Inc. and its staff from any legal liability for disclosing or acquiring information that I have permitted by signing this form. Unless I make a formal request to CHANGE, Inc. that I no longer want to participate in the services offered, this release will remain in force for 3 years from today. The statements made by me on this consent form are true, correct and complete to the best of my knowledge.

 Signature of Customer
I have explained to _____ the purpose of this release and the disclosure that might reasonably be anticipated.

 Signature of CAA staff member

 Date

If you have any questions or concerns, please don't hesitate to contact us at:
 CHANGE, Inc. Community Action Agency
 3136 West Street
 Weirton, WV 26062
 Phone: (304) 797-7733 / Fax: (304) 797-7740
 customerservice@changeinc.org
 www.changeinc.org

CHANGE, Inc. Community Action Agency - Central Intake Form Household Members

Household Members: (please complete for everyone besides yourself):

Name (First, Middle Initial, Last)	Social Security Number	Date of Birth	Gender	Education Level	Relationship	Ethnicity Please indicate by Number 1.Non-Hispanic 2.Hispanic /Latino	Race Please indicate by Number 1. Black 4. Other 2. Multi-race 3. White	Characteristics Please indicate by circling 1. Disabled 2. Health Insurance 3. Veteran
								1.Yes 2. Yes 3.Yes
								1.Yes 2. Yes 3.Yes
								1.Yes 2. Yes 3.Yes
								1.Yes 2. Yes 3.Yes
								1.Yes 2. Yes 3.Yes
								1.Yes 2. Yes 3.Yes
								1.Yes 2. Yes 3.Yes
								1.Yes 2. Yes 3.Yes
								1.Yes 2. Yes 3.Yes
								1.Yes 2. Yes 3.Yes

Name:	Amount	Name:	Amount	Name:	Amount
Alimony / child support		Alimony / child support		Alimony / child support	
Earnings		Earnings		Earnings	
Educational Assistance		Educational Assistance		Educational Assistance	
Estates / trusts		Estates / trusts		Estates / trusts	
Interest / dividends		Interest / dividends		Interest / dividends	
Miscellaneous		Miscellaneous		Miscellaneous	
Outside / Public Assistance (not TANF)		Outside / Public Assistance (not TANF)		Outside / Public Assistance (not TANF)	
Pension / Retirement		Pension / Retirement		Pension / Retirement	
Rental Income		Rental Income		Rental Income	
Royalties		Royalties		Royalties	
Social Security		Social Security		Social Security	
SSI		SSI		SSI	
TANF		TANF		TANF	
Unemployment		Unemployment		Unemployment	
Veteran's Benefits		Veteran's Benefits		Veteran's Benefits	
Worker's Compensation		Worker's Compensation		Worker's Compensation	
TOTAL		TOTAL		TOTAL	
Non-cash		Non-cash		Non-cash	
Food Stamps, housing subsidies, etc.		Food Stamps, housing subsidies, etc.		Food Stamps, housing subsidies, etc.	