**Eastern Idaho Community Action Partnership**

 **Universal Intake**

**How did you hear about us?** [ ] Social Media [ ] Newspaper [ ] Radio [ ]  Poster/Flyer

[ ] Referred by Family/Friend [ ] Referred by Other Agency

 [ ] Other (must state): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*To Help Us Better Serve You Please be Prepared to Show Social Security Cards for each household Member and Identification for the Head of Household.*

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| **Applicant Information**  |
| Applicant Last Name:  | Applicant First Name:  | M.I:  |
| **MAILING Address:**  |
| City: | State: IDAHO | Zip Code:  |
| **PHYSICAL Address:** (If same as mailing address, leave blank) |
| City:  | State: IDAHO | Zip Code:  |
| County:  | Home Phone:  | Cell Phone:  |
| Email:  | Ok to contact by email?  Yes  No  |
| **Primary Language:**  | **Secondary Language:**  |
| Household Members- *Please provide vital details regarding those who live in your home*  |
| **Household Type:**  Single Person  Single Parent (Male)  Multi-generational Household  2 Adults (no kids)  Two Parent Household  Foster Parents  Single Parent (Female)  Nonrelated Adults w/kids  Grand Parents raising Grand Children   Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Current Housing Status:** Homeless  At imminent risk of losing housing At Risk of homelessness Stably Housed  | **Current Housing Situation :** Own  Living/ Staying with another  Rent ( No Subsidy)  Emergency ShelterRent ( Subsidized)  Long Term Care Facility Place not meant for habitationSubstance abuse treatment facility/ Detox center |
| **Total number of Household Members:**  |

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|  **Applicant Information Pg 1** |
| **Date of Birth:** *Visually Verified?* | **Social Security #:** *Visually Verified?* |
| **Gender:**  Male  Trans Female (Male to Female) Female  Trans Male (Female to Male)  Other \_\_\_\_\_\_\_ | **Ethnicity:** Hispanic, Latino or Spanish Origins  Not Hispanic, Latino or Spanish Origins  |
| **Race:**  White  Black or African American  American Indian or Alaska Native  Native Hawaiian and Other Pacific Islander *Tribal Affiliation* :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Asian  Multi-race (2 or more of the above)  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Marital Status:**  Single  Separated  Divorced Married  Widowed  Other \_\_\_\_\_\_\_\_\_\_  | **US Citizenship:**  Yes  No  |
| **Military Status:**  Veteran  Active Military N/A | **Homeless:**  Yes  No  | **Disabled:**  Yes  No  |
| **Non-Cash Benefits (check all that apply):**  SNAP  Public Housing  WIC  Permanent Supportive Housing  TAFI/ TANF  HUD-VASH LIHEAP  Childcare Voucher  Housing Choice Voucher  Affordable Care Act. Subsidy  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Health Insurance:**  Yes  No Check all that apply: Medicaid  State Health Insurance for Adults  Medicare  Direct-Purchase State Children’s Health Insurance Program  Employment Based   Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Work Status:** Full Time  Seeking  Part Time  Migrant Seasonal Farm Worker Self-employment  Unemployed (6 months or less)  Retired  Unemployed (more than 6 months)   Unemployed (Not in Labor Force)  |
| **Education:**  Grades 0-8  12 grade + Some post- Secondary  Grades 9-12 / Non-Graduate  Graduate of other Post-Secondary school  High School Graduate / Equivalency Diploma  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Currently in school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Social Security (check all that apply) :** **** SS Retirement  SSDI (Disability)  SSI (supplemental Sec. Income)  |

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|  **Household Member Pg \_\_\_\_ of \_\_\_\_\_** |
| **Name:**  | **Relationship to Applicant:** |
| **Date of Birth:***Visually Verified?* | **Social Security #:***Visually Verified?* |
| **Gender:**  Male  Trans Female (Male to Female) Female  Trans Male (Female to Male)  Other \_\_\_\_\_\_\_ | **Ethnicity:** Hispanic, Latino or Spanish Origins  Not Hispanic, Latino or Spanish Origins  |
| **Race:**  American Indian or Alaska Native  Native Hawaiian and Other Pacific Islander  Asian  White  Black or African American  Multi-race (2 or more of the above)  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Marital Status:**  Single  Separated  Divorced Married  Widowed  Other \_\_\_\_\_\_\_\_\_\_  | **US Citizenship:**  Yes  No  |
| **Military Status:**  Veteran  Active Military N/A | **Homeless:**  Yes  No  | **Disabled:**  Yes  No  |
| **Non-Cash Benefits (check all that apply):**  SNAP  Public Housing  WIC  Permanent Supportive Housing  TAFI/ TANF  HUD-VASH LIHEAP  Childcare Voucher  Housing Choice Voucher  Affordable Care Act. Subsidy  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Health Insurance:**  Yes  No Check all that apply: Medicaid  State Health Insurance for Adults  Medicare  Direct-Purchase State Children’s Health Insurance Program  Employment Based   Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Work Status:** Full Time  Seeking  Part Time  Migrant Seasonal Farm Worker Self-employment  Unemployed (6 months or less)  Retired  Unemployed (more than 6 months)   Unemployed (Not in Labor Force)  |
| **Education:**  Grades 0-8  12 grade + Some post- Secondary  Grades 9-12 / Non-Graduate  Graduate of other Post-Secondary school  High School Graduate / Equivalency Diploma  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Currently in school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Social Security (check all that apply):** **** SS Retirement  SSDI (Disability)  SSI (supplemental Sec. Income)  |

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| **Household Income –** *Please provide details regarding everyone in your home. If there are more household members that cannot be included on this form, please ask for another page.* |
| **Household Member:** | **Applicant/Self** |  |  |  |
| **Income Sources:***Check all that apply* |  Wages Social Security SSI AABD VA Benefits TAFI Child Support Alimony Pension Annuity UnemploymentNone Other: |  Wages Social Security SSI AABD VA Benefits TAFI Child Support Alimony Pension Annuity UnemploymentNone Other: |  Wages Social Security SSI AABD VA Benefits TAFI Child Support Alimony Pension Annuity UnemploymentNone Other: |  Wages Social Security SSI AABD VA Benefits TAFI Child Support Alimony Pension Annuity UnemploymentNone Other: |

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| **Enter Monthly Income Information Here** |
| **Household Member** | **Income Source** | **Monthly Amount**  |
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| **Zero Income Declaration -** *Please complete if everyone in your household had no income over the previous three months* Note: If your household also declared zero income in the prior year, additional information may be required. |
| I DECLARE THAT THE GROSS INCOME FOR MY HOUSEHOLD HAS BEEN ZERO FOR THE PREVIOUS 3 MONTHS.I understand that willful misrepresentation and/or concealment of facts can result in criminal and civil penalties.My household’s basic living needs for the previous 3 months have been met by: (Give a brief explanation below) |
| **Shelter** | **Food** | **Utilities** |
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| **Participant Signature** |  | **Date** |  |

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| ***I certify that the information above is correct and true to the best of my knowledge and understand that further verification for EICAP programs may be required for participation in those programs.****Are you willing to make a long-term commitment to share feedback?* [ ]  Yes [ ]  No |
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| **Participant Signature** |  | **Date** |  |

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| *Office Use Only: Verbal Verification* [ ]  *Yes* [ ]  *No Intake for verbal:* |