OFFICE USE ONLY: Department _____ Program_____

Date of Intake _____ Client ID#_____ Intake Worker: _____

Eastern Idaho Community Action Partnership

Universal Intake

Did you apply due to COVID-19? ☐ Yes ☐ No

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.

Head of Household Information		
Last Name:	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
- ☐ 2 Adults (no kids)
- ☐ Single Parent (Female)
- ☐ Single Parent (Male)
- ☐ Two Parent Household
- ☐ Nonrelated Adults w/kids
- ☐ Multi-generational Household
- ☐ Foster Parents
- ☐ Grand Parents raising Grand Children
- ☐ Other _____

Current Housing Status:	**Current Housing Situation :**
☐ Homeless	☐ Own
☐ At imminent risk of losing housing	☐ Rent (No Subsidy)
☐At Risk of homelessness	☐Rent (Subsidized)
☐ Stably Housed	☐Place not meant for habitation
	☐Substance abuse treatment facility/ Detox center
	☐ Jail, Prison , Juvenile Detention Facility
	☐ Living/ Staying with another
	☐ Emergency Shelter
	☐ Long Term Care Facility

Total number of Household Members:

Emergency Contact:

Name: Phone #:

Head of Household Information **Pg. 1**

Date of Birth:
Visually Verified? ☐

Social Security #:
Visually Verified? ☐

Gender:
- ☐ Male
- ☐ Female
- ☐ Trans Female (Male to Female)
- ☐ Trans Male (Female to Male)

Ethnicity:
- ☐ Hispanic, Latino or Spanish Origins
- ☐ Not Hispanic, Latino or Spanish Origins

Race *(Please mark all that apply):*
- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian and Other Pacific Islander
- *Tribal Affiliation* :_____
- ☐ Asian
- ☐ Other _____

Marital Status:
- ☐ Single
- ☐ Separated
- ☐ Divorced
- ☐ Married
- ☐ Widowed
- ☐ Other _____

US Citizenship:
- ☐ Yes
- ☐ No

Military Status:
- ☐ Veteran
- ☐ Active Military
- ☐ N/A

Homeless:
- ☐ Yes
- ☐ No

Disabling Condition:
- ☐ Yes
- ☐ No

Non-Cash Benefits *(Please mark all that apply):*
- ☐ SNAP
- ☐ WIC
- ☐ HUD-VASH
- ☐ LIHEAP
- ☐ Housing Choice Voucher
- ☐ Childcare Voucher
- ☐ Permanent Supportive Housing
- ☐ Affordable Care Act. Subsidy
- ☐ Other _____

Health Insurance: ☐ Yes ☐ No
(Please mark all that apply):
- ☐ Medicaid
- ☐ Medicare
- ☐ State Children's Health Insurance Program
- ☐ Veteran's Administration (VA) Medical Services
- ☐ Health Insurance Obtained through COBRA
- ☐ State Health Insurance for Adults
- ☐ Private Pay Health Insurance
- ☐ Employer Provide Health Insurance
- ☐ Indian Health Service Program
- ☐ Other_____

Employment Type:
- ☐ Full Time
- ☐ Part Time
- ☐ Self-employment
- ☐ Retired
- ☐ Migrant Seasonal Farm Worker
- ☐ Unemployed (6 months or less)
- ☐ Unemployed (more than 6 months)
- ☐ Unemployed (Not in Labor Force)

Education:
- ☐ Grades 0-8
- ☐ Grades 9-12 / Non-Graduate
- ☐ High School Graduate / Equivalency Diploma
- ☐ Currently in school: ☐ Yes ☐ No
- ☐ 12 grade + Some post- Secondary
- ☐ Graduate of other Post-Secondary school
- ☐ Other _____
- School Name:

Social Security (check all that apply) :
☐ SS Retirement ☐ SSDI (Disability) ☐ SSI (supplemental Sec. Income)

Household Member **Pg. ____ of _____**

Name:

Relationship to Head of Household:

Date of Birth:
Visually Verified? ☐

Social Security #:
Visually Verified? ☐

Gender:
- ☐ Male
- ☐ Female
- ☐ Other _____
- ☐ Trans Female (Male to Female)
- ☐ Trans Male (Female to Male)

Ethnicity:
- ☐ Hispanic, Latino or Spanish Origins
- ☐ Not Hispanic, Latino or Spanish Origins

Race *(Please mark all that apply):*
- ☐ White
- ☐ American Indian or Alaska Native
- *Tribal Affiliation*: _____
- ☐ Other _____
- ☐ Black or African American
- ☐ Native Hawaiian and Other Pacific Islander
- ☐ Asian

Marital Status:
- ☐ Single
- ☐ Separated
- ☐ Divorced
- ☐ Married
- ☐ Widowed
- ☐ Other _____

US Citizenship:
- ☐ Yes
- ☐ No

Military Status:
- ☐ Veteran
- ☐ Active Military
- ☐ N/A

Homeless:
- ☐ Yes
- ☐ No

Disabling Condition:
- ☐ Yes
- ☐ No

Non-Cash Benefits *(Please mark all that apply):*
- ☐ SNAP
- ☐ WIC
- ☐ HUD-VASH
- ☐ LIHEAP
- ☐ Housing Choice Voucher
- ☐ Childcare Voucher
- ☐ Permanent Supportive Housing
- ☐ Affordable Care Act. Subsidy
- ☐ Other _____

Health Insurance: ☐ Yes ☐ No
(Please mark all that apply):
- ☐ Medicaid
- ☐ Medicare
- ☐ State Children's Health Insurance Program
- ☐ Veteran's Administration (VA) Medical Services
- ☐ Health Insurance Obtained through COBRA
- ☐ State Health Insurance for Adults
- ☐ Private Pay Health Insurance
- ☐ Employer Provide Health Insurance
- ☐ Indian Health Service Program
- ☐ Other_____

Employment Type:
- ☐ Full Time
- ☐ Part Time
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- ☐ Unemployed (6 months or less)
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- ☐ Unemployed (Not in Labor Force)

Education:
- ☐ Grades 0-8
- ☐ Grades 9-12 / Non-Graduate
- ☐ High School Graduate / Equivalency Diploma
- ☐ Currently in school: ☐ Yes ☐ No
- ☐ 12 grades + Some post- Secondary
- ☐ Graduate of other Post-Secondary school
- ☐ Other _____
- School Name:

Social Security *(Please mark all that apply):*
☐ SS Retirement ☐ SSDI (Disability) ☐ SSI (supplemental Sec. Income)

Rev. 9/23/2020

Household Monthly Income – *Please provide details regarding everyone in your home that has an income. If there are more household members that cannot be included on this form, please ask for another page.*

Household Member:	**Self**	**2nd Member Name:**	**3rd Member Name:**	**4th Member Name:**
Income Sources: *Check all that apply and fill out total monthly income*	☐ No Financial Resources	☐ No Financial Resources	☐ No Financial Resources	☐ No Financial Resources
	☐ Earned Income $__________________	☐ Earned Income $__________________	☐ Earned Income $__________________	☐ Earned Income $__________________
	☐ Social Security (Retirement/Survivor) $__________________	☐ Social Security (Retirement/Survivor) $__________________	☐ Social Security (Retirement/Survivor) $__________________	☐ Social Security (Retirement/Survivor) $__________________
	☐SSDI $__________________	☐SSDI $__________________	☐SSDI $__________________	☐SSDI $__________________
	☐ SSI $__________________	☐ SSI $__________________	☐ SSI $__________________	☐ SSI $__________________
	☐ AABD $__________________	☐ AABD $__________________	☐ AABD $__________________	☐ AABD $__________________
	☐ VA Benefits $__________________	☐ VA Benefits $__________________	☐ VA Benefits $__________________	☐ VA Benefits $__________________
	☐ TANF/TAFI $__________________	☐ TANF/TAFI $__________________	☐ TANF/TAFI $__________________	☐ TANF/TAFI $__________________
	☐ Child Support $__________________	☐ Child Support $__________________	☐ Child Support $__________________	☐ Child Support $__________________
	☐ Alimony $__________________	☐ Alimony $__________________	☐ Alimony $__________________	☐ Alimony $__________________
	☐Pension/Retirement $__________________	☐Pension/Retirement $__________________	☐Pension/Retirement $__________________	☐Pension/Retirement $__________________
	☐ Annuity $__________________	☐ Annuity $__________________	☐ Annuity $__________________	☐ Annuity $__________________
	☐ Unemployment $__________________	☐ Unemployment $__________________	☐ Unemployment $__________________	☐ Unemployment $__________________
	☐Workers Compensation $__________________	☐Workers Compensation $__________________	☐Workers Compensation $__________________	☐Workers Compensation $__________________
	☐Private Disability Insurance $__________________	☐Private Disability Insurance $__________________	☐Private Disability Insurance $__________________	☐Private Disability Insurance $__________________
	☐Grandparent Benefit $__________________	☐Grandparent Benefit $__________________	☐Grandparent Benefit $__________________	☐Grandparent Benefit $__________________
	☐Foster Parent Income $__________________	☐Foster Parent Income $__________________	☐Foster Parent Income $__________________	☐Foster Parent Income $__________________
	☐General Assistance $__________________	☐General Assistance $__________________	☐General Assistance $__________________	☐General Assistance $__________________
	☐Interest $__________________	☐Interest $__________________	☐Interest $__________________	☐Interest $__________________
	☐Grants/Scholarships $__________________	☐Grants/Scholarships $__________________	☐Grants/Scholarships $__________________	☐Grants/Scholarships $__________________
	☐ Other: _____________ $__________________	☐ Other: _____________ $__________________	☐ Other: _____________ $__________________	☐ Other: _____________ $__________________

Zero Income Declaration - *Please complete if <u>everyone</u> in your household had <u>no</u> income over the previous three months* Note: If your household also declared zero income in the prior year, additional information may be required.		
<u>I DECLARE THAT THE GROSS INCOME FOR MY HOUSEHOLD HAS BEEN ZERO FOR THE PREVIOUS 3 MONTHS.</u> 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**

Participant Signature		**Date**	

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

Participant Signature		**Date**	

Office Use Only: Verbal Verification ☐ Yes ☐ No Intake for verbal:

How did you hear about us?

☐Social Media

☐Social Media by Agency

☐Social Media Post by Utility

☐Categorically Eligible

☐Visit from Agency

☐Email from Agency

☐Letter from Agency

☐Ongoing Client

☐Referred by Utility Company

☐Community Meeting/Event with this Agency

☐Other (must state): _____

☐Utility Company

☐TV Add

☐Newspaper

☐Radio

☐Flyer/Poster

☐Family/Friend

☐Self-Referral

☐Received Services Previously

☐Referred by Other Agency