

Complete and return the program application (all questions must be answered) and Newcap's intake form to the address listed below.

Please include copies of the following documents:

1. Registration for the vehicle that will be repaired
2. Proof of all household income
3. Copy of drivers license
4. Copy of auto insurance

*** DO NOT CONTACT THE SCHOOL. IF YOU HAVE A QUESTION OR PROBLEM- CONTACT PEGGY***

If you have any questions please contact Peggy Zielinski at 800-242-7334

Mail to:

Newcap
Attention Peggy
1201 Main St.
Oconto, WI 54153

Or you can Fax it to:
920-8344887 Attn Peggy





**Application for Service
My Garage- A Community Project**

Please Print

Name _____ Date _____

Address _____ City/Village _____

State _____ Zip _____ Phone () _____

Age of owner _____ Race _____

County (circle one) Marinette Oconto Other _____

Names of House Hold members:

First	Last	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is anyone in the household disabled? No Yes (Name) _____

Income Source _____

Total Household **Monthly** income: _____

I use my vehicle, most often, to get to: (circle one)

Work

Medical/Hospital

Church

Grocery/food store

Social

School

Other _____

Would you be willing to provide transportation to others, like carpool, rideshare or as a volunteer driver?

No Yes

Vehicle Make: _____ Model _____ Year _____

Are you having Issues with your vehicle: Yes No

Tell us how we can help you today:

If your need is Tires, please list size: _____

How did you hear about this program? _____



VEHICLE OWNER CONSENT AND WAIVER **FOR VEHICLE SERVICE AT MYGARAGE**

Consent:

I hereby consent to have my vehicle serviced at MyGarage Project ("MyGarage"), which is a vehicle repair service open to individuals who participate in programs offered by Newcap, Inc. ("Newcap"). I certify that I understand the following facts and agree to the following conditions:

- I am the legal owner of the vehicle.
- I am responsible for the total cost of parts used to service my vehicle.
- Labor will be performed by students enrolled in auto mechanic courses, who are supervised by a course instructor. Therefore, I will not be charged for the cost of labor, which is a significant financial benefit.
- This consent is valid for all service performed on my vehicle during this calendar year; I must sign a new consent for each calendar year.

Waiver of Liability

I am aware that when my car is being serviced at MyGarage, certain inherent risks are involved because work is being performed by students. In consideration for being allowed to receive free labor on my vehicle, I acknowledge and voluntarily accept full responsibility for the risks, and I agree as follows:

- I will assume full and total liability, and accept full financial responsibility, for any and all damages including, but not limited to, injury or damage to a person, property, or other vehicle that is caused by or related to, in total or in part, my vehicle, the condition of my vehicle, or the service performed on my vehicle at MyGarage. _____ **(initial here)**
- I will assume full and total responsibility for any harm, injury, damage, loss or expense that may occur to my vehicle or that I may incur as a result of having my vehicle serviced at MyGarage. _____ **(initial)**
- I will waive and release any and all claims (other than claims based on reckless or intentional conduct) that I may have against Newcap or any of its employees, interns, independent contractors, and/or agents, and agree not to sue any of those entities or individuals for any losses, damages, expenses, or fees which arise out of, result from, or relate in any manner to, my vehicle being serviced at MyGarage. _____ **(initial)**

BY SIGNING THIS WAIVER, YOU ACKNOWLEDGE AND AGREE THAT YOU WERE GIVEN AN OPPORTUNITY TO ASK ANY QUESTIONS ABOUT THIS WAIVER, TO DISCUSS ALTERNATIVES WITH NEWCAP, AND WERE GIVEN ADEQUATE CONSIDERATION FOR THIS WAIVER. YOU UNDERSTAND AND AGREE THIS WAIVER SHALL BE BINDING ON YOU AND YOUR HEIRS, LEGAL REPRESENTATIVES, SUCCESSORS, AND ASSIGNS, AND THE WAIVER SHALL INURE TO THE BENEFIT OF NEWCAP, ITS OFFICERS, EMPLOYEES, CONTRACTORS, AND AGENTS. THIS WAIVER APPLIES TO ALL SERVICE PERFORMED ON YOUR VEHICLE FOR THE REMAINDER OF THE CALENDAR YEAR.

OWNER	MY GARAGE
Date: _____	Title: _____
Signed: _____	Signed: _____
Print name: _____	Print name: _____

NEWCAP INTAKE FORM – Please complete this form in its entirety to avoid a delay in services.

What program/s are you interested in (check all that apply): <input type="checkbox"/> Rental Assistance <input type="checkbox"/> Weatherization <input type="checkbox"/> Furnace <input type="checkbox"/> Health Services <input type="checkbox"/> Homebuyer/Homeowner Programs <input type="checkbox"/> Transportation <input type="checkbox"/> Entrepreneur <input type="checkbox"/> Newcap rentals <input type="checkbox"/> Job Search <input type="checkbox"/> Budget Counseling <input type="checkbox"/> Education <input type="checkbox"/> Other: _____			
CUSTOMER INFORMATION			
Last Name		First Name	MI
Date of Birth		Intake Date	
Phone ()	Email	SSN	Office Location/Site
Cell ()			
Primary Address:		City:	Zip Code
Mailing Address:		County/Tribe:	
GENDER		MARITAL STATUS	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		<input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Widowed	
HOUSEHOLD TYPE		ETHNICITY	
<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 or more adults NO CHILDREN		INDICATE YOUR RACE (SELECT ONE) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Multi-Race <input type="checkbox"/> Black/African American <input type="checkbox"/> Other <input type="checkbox"/> Caucasian (White) <input type="checkbox"/> Unspecified	
INDICATE YOUR EDUCATION (SELECT ONE)			
<input type="checkbox"/> 0-8 th Grade <input type="checkbox"/> 9-12 Education <input type="checkbox"/> High School Graduate <input type="checkbox"/> 12+ Some Postsecondary <input type="checkbox"/> GED <input type="checkbox"/> Vocational School <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Unspecified <input type="checkbox"/> 4 Year Degree			
INDICATE YOUR HEALTH INSURANCE (SELECT ONE)			
<input type="checkbox"/> No Health Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> State Children's Health Insurance <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Medicare <input type="checkbox"/> State Insurance for Adults <input type="checkbox"/> Employment Based <input type="checkbox"/> Military Health Care <input type="checkbox"/> Unknown			
MILITARY STATUS (SELECT ONE)		DO YOU RECEIVE FOOD STAMPS?	
<input type="checkbox"/> Active Military <input type="checkbox"/> Veteran <input type="checkbox"/> No Military Status <input type="checkbox"/> Unknown		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer	
FARMER (SELECT ONE)		ARE YOU DISABLED?	
<input type="checkbox"/> Farmer <input type="checkbox"/> Migrant <input type="checkbox"/> Migrant Seasonal <input type="checkbox"/> Not a Farmer		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer	
FARMER (SELECT ONE)		WORK STATUS (SELECT ONE)	
<input type="checkbox"/> Farmer <input type="checkbox"/> Migrant <input type="checkbox"/> Migrant Seasonal <input type="checkbox"/> Not a Farmer		<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Unemployed (Long-Term) <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Unemployed (Not in Workforce) <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed Short Term >6mos <input type="checkbox"/> Retired <input type="checkbox"/> Unknown	
RESIDENT? (SELECT ONE)		NON-CASH BENEFITS (SELECT ONE)	
<input type="checkbox"/> US citizen <input type="checkbox"/> Documented Alien <input type="checkbox"/> Undocumented Alien		<input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> LIHEAP <input type="checkbox"/> Other <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> SNAP <input type="checkbox"/> Public Housing <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> WIC <input type="checkbox"/> None <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Permanent Supportive Housing	

INDICATE YOUR MONTHLY INCOME AMOUNT AND SELECT INCOME SOURCE:			\$	
<input type="checkbox"/> Employment	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Work Comp	<input type="checkbox"/> EITC	
<input type="checkbox"/> TANF	<input type="checkbox"/> Pension	<input type="checkbox"/> Private Disability	<input type="checkbox"/> None	
<input type="checkbox"/> Public Assistance	<input type="checkbox"/> Alimony	<input type="checkbox"/> SSI	<input type="checkbox"/> VA Service-Connected Compensation	
<input type="checkbox"/> Child Support	<input type="checkbox"/> Rental	<input type="checkbox"/> SSDI	<input type="checkbox"/> VA Non-Service Connected Pension	
<input type="checkbox"/> Self-Employment	<input type="checkbox"/> Interest/Dividends	<input type="checkbox"/> Social Security Retirement		
HOUSING STATUS (SELECT ONE)				
<input type="checkbox"/> Rent	<input type="checkbox"/> Own	<input type="checkbox"/> Other		
Landlord name:	<input type="checkbox"/> Rent to Own	<input type="checkbox"/> Runaway		
LL Address:		<input type="checkbox"/> Homeless		
LL Phone number:		<input type="checkbox"/> Temp Stable		
Rent amount per month:		<input type="checkbox"/> Temp Unstable		
Who pays for heating (circle one)				
Landlord or Tenant				
HOUSING TYPE (SELECT ONE)				
<input type="checkbox"/> House- year built _____		Type of Energy Source (circle one):		
<input type="checkbox"/> Duplex (lower/upper level or side by side) - Year built _____		Water Heater- Natural Gas LP/Propane Oil Electric Unknown Heating- Natural gas LP/Propane Oil Electric Wood Unknown		
<input type="checkbox"/> Apartment - # of Units _____				
Year built _____				
<input type="checkbox"/> Mobile home				
Year built _____				
RELIABLE TRANSPORTATION - YES OR NO				
DO YOU HAVE A VALID DRIVER'S LICENSE - YES OR NO				
Are you or any household member related to any Newcap employee or Board of Director? (related to includes self, spouse, Fiancée/Fiancé, children and children-in-law, brothers, brother(s)-in-law, sisters, sister(s)-in-law, parents, and parent(s)-in-law, and/or anyone who received more than 50% of their annual support from the person (e.g. adopted child, foster child)) Yes____ No____ If Yes, please explain: _____				
NOTES:				

Other Household Members

FIRST NAME: _____

MIDDLE INITIAL: _____

LAST NAME: _____

BIRTHDATE: _____/_____/_____

GENDER: Male _____ Female _____

RELATIONSHIP TO THE APPLICANT

Boy-Girlfriend	Parent
Son	Daughter
Cousin	Sibling
Foster-Child	Spouse
Grandchild	Step-child
Grandparent	Step-parent
Nephew/Niece	No Relation
Uncle	Aunt

ETHNICITY: (Circle one)

Hispanic _____ Non-Hispanic _____

RACE: (Circle one or two/specify if other)

American Indian Black White Asian

Other: _____

MARITAL STATUS: (Circle one)

Single
Married
Divorced/Separated
Widowed

HIGHEST LEVEL OF EDUCATION:

0-8 grade
9-12/Non-Graduate
High School Graduate/GED
12+ Some Post Secondary
2 or 4 years College Graduate

HEALTH INSURANCE STATUS:

Medicaid/Medicare
No coverage (self pay)
VA Benefits
Government/Tribal Insurance
Other (Please specify) _____

HUD REQUIRED:

US Veteran: Yes No
Disabled: Yes No
If yes: Physical Mental Blind Speech
Developmental Deaf Behavioral
Long Term: Yes No

EMPLOYMENT STATUS:

Are You Currently Employed? Yes No
If yes: Full Time Part Time
Hours per week _____
Hourly wage _____
If no state reason: _____

STAFF USE Only:

Program: _____

Service Start Date: _____

Service End Date: _____

Other Household Members

FIRST NAME: _____

MIDDLE INITIAL: _____

LAST NAME: _____

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LAST NAME: _____

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Son Daughter

Cousin Sibling

Foster-Child Spouse

Grandchild Step-child

Grandparent Step-parent

Nephew/Niece No Relation

Uncle Aunt **ETHNICITY:****(Circle one)**

Hispanic Non-Hispanic

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