

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 PLEASE CONTACT PEGGY ***

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

Please return completed applications and documents via mail, email or fax:

Mail: Newcap
ATTN: Peggy
1201 Main Street
Oconto, WI 54153

Fax: 920-834-4887 Attn: Peggy

Email: peggyzielinski@newcap.org

Application for Service

Please Print

Name: _____ Date: _____

Address: _____ City/Village: _____

State: _____ Zip: _____ Phone: _____ Email: _____

Age of owner: _____ Race: _____

County: ☐ Marinette ☐ Oconto ☐ Other: _____

Names of Household members:

<u>First</u>	<u>Last</u>	<u>Age</u>	<u>Disabled?</u>
_____	_____	_____	<input type="checkbox"/> Yes
_____	_____	_____	<input type="checkbox"/> Yes
_____	_____	_____	<input type="checkbox"/> Yes
_____	_____	_____	<input type="checkbox"/> Yes
_____	_____	_____	<input type="checkbox"/> Yes
_____	_____	_____	<input type="checkbox"/> Yes
_____	_____	_____	<input type="checkbox"/> Yes
_____	_____	_____	<input type="checkbox"/> Yes
_____	_____	_____	<input type="checkbox"/> Yes
_____	_____	_____	<input type="checkbox"/> Yes

Income Source

Total Household Monthly income: _____

Vehicle Information

I use my vehicle, most often, to get to:

☐ Work ☐ Medical/Hospital ☐ Church ☐ Grocery/food store ☐ School ☐ Socially ☐ Other _____

Would you be willing to provide transportation to others? e.g. carpool, rideshare or a volunteer driver? ☐ YES ☐ NO

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: _____

Other: _____

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 here)
- 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 here)

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.

<p>OWNER</p> <p>Date: _____</p> <p>Signed: _____</p> <p>Print name: _____</p>	<p>MY GARAGE</p> <p>Title: _____</p> <p>Signed: _____</p> <p>Print name: _____</p>
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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: _____			
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CUSTOMER INFORMATION			
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Last Name	First Name	MI	Date of Birth	Intake Date
Phone () Cell ()	Email		SSN	Office Location/Site
Primary Address:			City:	Zip Code
Mailing Address:			County/Tribe:	

GENDER	MARITAL STATUS	ETHNICITY
<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	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino

HOUSEHOLD TYPE	INDICATE YOUR RACE (SELECT ONE)	
<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	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian (White)	<input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unspecified

INDICATE YOUR EDUCATION (SELECT ONE)		
<input type="checkbox"/> 0-8 th Grade <input type="checkbox"/> 12+ Some Postsecondary <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree	<input type="checkbox"/> 9-12 Education <input type="checkbox"/> GED <input type="checkbox"/> Graduate Degree	<input type="checkbox"/> High School Graduate <input type="checkbox"/> Vocational School <input type="checkbox"/> Unspecified

INDICATE YOUR HEALTH INSURANCE (SELECT ONE)		
<input type="checkbox"/> No Health Insurance <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Employment Based	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Military Health Care	<input type="checkbox"/> State Children's Health Insurance <input type="checkbox"/> State Insurance for Adults <input type="checkbox"/> Unknown

MILITARY STATUS (SELECT ONE)	DO YOU RECEIVE FOOD STAMPS?	ARE YOU DISABLED?
<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	<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"/> Employed Part-Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Retired	<input type="checkbox"/> Unemployed (Long-Term) <input type="checkbox"/> Unemployed (Not in Workforce) <input type="checkbox"/> Unemployed Short Term >6mos <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"/> Childcare Voucher <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> HUD-VASH	<input type="checkbox"/> LIHEAP <input type="checkbox"/> Other <input type="checkbox"/> SNAP <input type="checkbox"/> Public Housing <input type="checkbox"/> WIC <input type="checkbox"/> None <input type="checkbox"/> Permanent Supportive Housing

INDICATE YOUR MONTHLY INCOME AMOUNT AND SELECT INCOME SOURCE:			\$
<input type="checkbox"/> Employment <input type="checkbox"/> TANF <input type="checkbox"/> Public Assistance <input type="checkbox"/> Child Support <input type="checkbox"/> Self-Employment	<input type="checkbox"/> Unemployment <input type="checkbox"/> Pension <input type="checkbox"/> Alimony <input type="checkbox"/> Rental <input type="checkbox"/> Interest/Dividends	<input type="checkbox"/> Work Comp <input type="checkbox"/> Private Disability <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Social Security Retirement	<input type="checkbox"/> EITC <input type="checkbox"/> None <input type="checkbox"/> VA Service-Connected Compensation <input type="checkbox"/> VA Non-Service Connected Pension
HOUSING STATUS (SELECT ONE)			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Rent Landlord name: _____ LL Address: _____ LL Phone number: _____ Rent amount per month: _____ Who pays for heating (circle one) Landlord or Tenant </div> <div style="width: 35%;"> <input type="checkbox"/> Own <input type="checkbox"/> Rent to Own <input type="checkbox"/> Other <input type="checkbox"/> Runaway <input type="checkbox"/> Homeless <input type="checkbox"/> Temp Stable <input type="checkbox"/> Temp Unstable </div> </div>			
HOUSING TYPE (SELECT ONE)			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> House- year built _____ <input type="checkbox"/> Duplex (lower/upper level or side by side) - Year built _____ <input type="checkbox"/> Apartment - # of Units _____ Year built _____ <input type="checkbox"/> Mobile home Year built _____ </div> <div style="width: 35%;"> Type of Energy Source (circle one): Water Heater: Natural Gas LP/Propane Oil Electric Unknown Heating: Natural gas LP/Propane Oil Electric Wood Unknown </div> </div>			
RELIABLE TRANSPORTATION - YES OR NO			
DO YOU HAVE A VALID DRIVER'S LICENSE - YES OR NO			
<p>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))</p> <p>Yes ____ No ____ If Yes, please explain: _____</p>			
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: _____

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