

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):	Rental Assistance	Weatherization	Furnace
Health Services	Homebuyer/Homeowner Programs	Transportation	Entrepreneur
Budget Counseling	Job Search	Education	Other _____

CUSTOMER INFORMATION Intake Date

Last Name		First Name		MI	Date of Birth
Phone	Cell	Office Location/Site			SSN
Email				County/Tribe	
Primary Address			City	Zip Code	
Mailing Address			City	Zip Code	

GENDER		MARITAL STATUS		ETHNICITY
Male		Single	Separated	Hispanic/Latino
Female		Married	Divorced	Non-Hispanic/Latino
Other _____		Domestic Partner	Widowed	

HOUSEHOLD TYPE	INDICATE YOUR RACE (SELECT ONE)	
Single parent female	American Indian/Alaskan Native	Hawaiian/Pacific Islander Multi-Race
Single parent male	Asian	Race _____
Two parent household	Black/African American	Other _____
Single person	Caucasian (White)	Unspecified
Two or more adults <u>NO</u> CHILDREN		

INDICATE YOUR EDUCATION (SELECT ONE)		
0-8 th Grade	9-12 Education	High School Graduate
12+ Some Postsecondary	GED	Vocational School
2 Year Degree	Graduate Degree	Unspecified
4 Year Degree		

INDICATE YOUR HEALTH INSURANCE (SELECT ONE)		
No Health Insurance	Medicaid	State Children’s Health Insurance
Direct Purchase _____	Medicare	State Insurance for Adults
Employment Based	Military Health Care	Unknown

MILITARY STATUS (SELECT ONE)	DO YOU RECEIVE FOOD STAMPS?	ARE YOU DISABLED?
Active Military Veteran	Yes	Yes
No Military Status	No	No
Unknown	Decline to Answer	Decline to Answer

FARMER (SELECT ONE)	WORK STATUS (SELECT ONE)	
Farmer	Employed Full-Time	Unemployed (Long-Term)
Migrant	Employed Part-Time	Unemployed (Not in Workforce)
Migrant Seasonal	Migrant Seasonal Farm Worker	Unemployed Short Term >6mos
Not a Farmer	Retired	Unknown

RESIDENT? (SELECT ONE)	NON-CASH BENEFITS (SELECT ONE)		
US citizen	Affordable Care Act Subsidy	LIHEAP	Other _____
Documented Alien	Childcare Voucher	SNAP	Public Housing
Undocumented Alien	Housing Choice Voucher	WIC	None
	HUD-VASH	Permanent Supportive Housing	

COVID-19				
Has your household been affected by the COVID-19 pandemic?	Yes	No		
If yes, how has your family been affected?	Lost employment	Income decrease	Lost Housing	N/A

INDICATE YOUR MONTHLY INCOME AMOUNT AND SELECT INCOME SOURCE:			\$
Employment TANF Public Assistance Child Support Self-Employment	Unemployment Pension Alimony Rental Interest/Dividends	Work Comp Private Disability SSI SSDI Social Security Retirement	EITC None VA Service-Connected Compensation VA Non-Service Connected Pension
HOUSING STATUS (SELECT ONE)			
Own Rent Rent amount per month: _____ Who pays for heating? Landlord Tenant	Rent to Own LL Address: _____ LL Phone number: _____	Landlord Name: _____ Other _____ Runaway Homeless Temporary - Stable Temporary - Unstable	
HOUSING TYPE (SELECT ONE)			
House- year built _____ Duplex (lower/upper level or side by side) - Year built _____ Apartment - # of Units _____ Year built _____ Mobile home Year built _____	<p style="text-align: center;"><u>Type of Energy Source</u></p> <p>Water Heater</p> <p style="text-align: center;">Natural Gas LP/Propane Oil Electric Unknown</p> <p>Heating</p> <p style="text-align: center;">Natural Gas LP/Propane Oil Electric Wood Unknown</p>		
RELIABLE TRANSPORTATION?	YES	NO	
DO YOU HAVE A VALID DRIVER'S LICENSE?	YES	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

SOCIAL SECURITY #: _____

RELATIONSHIP TO THE APPLICANT

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

ETHNICITY:

- Hispanic
- Non-Hispanic

RACE:

- American Indian
- White
- Other: _____
- Black
- Asian

MARITAL STATUS:

- 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-year College Graduate

HEALTH INSURANCE STATUS:

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

HUD REQUIRED:

- US Veteran: Yes No
- Disabled: Yes No
- If yes: Physical Mental
- Blind Speech Deaf
- Developmental 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:

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MIDDLE INITIAL: _____

LAST NAME:

BIRTHDATE: ____ / ____ / ____

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GENDER: Male Female

SOCIAL SECURITY #: _____

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

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Hispanic Non-Hispanic

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