A picture containing drawing

Description automatically generated**Miami Valley Community Action Partnership**

**Emergency Services - CSBG Customer Intake Application**

|  |  |  |  |  |  |  |  |  |
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|  | | | | | | **Application Date** | | |
| **Have you already received a 3-day or eviction notice from your landlord?** Yes  No | | | | | | Month/Day/Year | | |
| **Primary Applicant** | | | | | | | | |
| **First Name:** | | | **Middle Name** | | **Last Name** | | | |
|  | | |  | |  | | | |
| **Social Security Number:** | | | **Date of Birth** | | **Gender** | | | |
|  | | | Month/Day/Year | | Female  Male  Other | | | |
| **Disabled** Yes  No | | | **Veteran** Yes  No | | **SNAP (Food Stamps)** Yes  No | | | |
| **Current Residential Address** | | | | | | | | |
| Street Address: | | | | | | | | |
| Street Address Line 2: | | | | | | | | |
| City: | | State: | | Zip Code: | | | County: | |
| Phone Number: | | | | Email Address:  example@example.com | | | | |
| **Race** | | | **Education** | | **Ethnicity** | | | |
| American Indian/Alaskan Native  Asian  Black/African American  White  Native Hawaiian/Other Pacific Islander  Unknown/Not Reported  Other: | | | 0-8  9-12 (Non Grad)  HS Grad/GED  12 + Post-Secondary  2-4 Yr. Grad College | | Hispanic, Latino or Spanish Origins  Not Hispanic, Latino or Spanish Origins | | | |
| **Household Information – Fill In Additional Household Members After Next Page** | | | | | | | | |
| **# In Household** (including yourself) | **Family Type** | | **Work Status** | | **Health Insurance Type** | | | **Source of Income** |
|  | Single Parent/Female  Single Parent/Male  Two-Parent Household  Single Person  Two Adults/No Children  Non-related Adults with   children  Multigenerational   Household  Other: | | Employed full-time  Employed part-time  Migrant Seasonal Farm Worker  Unemployed (short-term,  6 months or less)  Unemployed (long-term, more than 6 months)  Unemployed (not in labor  force)  Furloughed  Retired  Unknown/not reported  Youth ages 14-24 who are  neither working nor in school  Other: | | Medicaid  Medicare  Private/Employment  Self-Insured/Direct Pay  None  State Children’s Health Insurance Program  State Health Insurance for Adults  Other: | | | Employment  Unemployment  Self-Employment  No Income  Social Security  TANF/ADC  SSI/SSD  Pension  Disability  Child Support  Other (please   specify): |
| **Housing Status** |
| Own  Rent  Other Permanent  Housing  Homeless  Other: |
| **Income Period** | | | | | **Income Amount** | | | |
| Weekly  Bi-Weekly  Bi-Monthly  Monthly | | | | |  | | | |

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| **Please provide us with some additional information regarding your need for Emergency Services assistance.**  **(Check all that apply)** |
| I contracted Covid-19 and I am unable to work.  Covid-19 has impacted my place of employment. (I lost my job or my hours/salary have been reduced.)  I currently have health issues that prevent me from working  A natural disaster has effected my employment or ability to work.  Other (Provide brief description): |

|  |
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| **Is one or more of your emergencies COVID-19 Related? If so, select which areas have been impacted.**  **(Check all that apply)** |
| Childcare  Dependent Child  Eldercare  Employment  Housing  Other (Provide brief description): |

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| **Please provide us with any additional details about your emergency situation that can help our Intake Specialists complete your application.** |
| (Provide brief description): |

|  |  |  |
| --- | --- | --- |
| **Additional Household Members (Do Not Fill Out For Yourself)** | | |
| **First Name** | **Middle Name** | **Last Name** |
|  |  |  |
| **Social Security Number** | **Date of Birth** | **Gender** |
|  | Month/Day/Year | Female  Male  Other |
| **Race** | **Education** | **Ethnicity** |
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| **Disabled** Yes  No | **Veteran** Yes  No | **Relationship**  (e.g. daughter, son, spouse, etc.) |
| **Health Insurance Type** | **Source of Income** | |
| Medicaid  Medicare  Private/Employment  Self-Insured/Direct Pay  None  State Children’s Health Insurance Program  State Health Insurance for Adults  Other: | Employment  Unemployment  Self-Employment  No Income  Social Security  TANF/ADC  SSI/SSD  Pension  Disability  Child Support  Other (please specify): | |
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| **Income Period** | | **Income Amount** |
| Weekly  Bi-Weekly  Bi-Monthly  Monthly | |  |

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| **Additional Household Members (Do Not Fill Out For Yourself)** | | |
| **First Name** | **Middle Name** | **Last Name** |
|  |  |  |
| **Social Security Number** | **Date of Birth** | **Gender** |
|  | Month/Day/Year | Female  Male  Other |
| **Race** | **Education** | **Ethnicity** |
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| **Income Period** | | **Income Amount** |
| Weekly  Bi-Weekly  Bi-Monthly  Monthly | |  |

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|
|
| **Income Period** | | **Income Amount** |
| Weekly  Bi-Weekly  Bi-Monthly  Monthly | |  |



**Authorization for Information Exchange**

By signing this authorization, I grant permission for the sharing of information which is to be used to determine eligibility for participation in the Community Services Block Grant (CSBG) or other agency programs under the umbrella of Community Action as operated by the Miami Valley Community Action Partnership for either myself or my family members.

I understand this release will terminate one year from the date I sign this authorization or sooner if I request so in writing.

I understand that all information obtained in association with this release will be held in strict confidence by the recipient.

I further direct that information shared resulting from my signature not be further disclosed without my specific written authorization.

I further declare that I understand and permit an information exchange strictly for disclosure purposes related to Miami Valley Community Action Partnership programming.

I also hereby give permission to release to and /or secure information from the following organizations for the purpose of securing services I have requested:

List Organizations:

I certify that this statement is true and correct to the best of my knowledge, and I authorize the release of any or all information necessary for verification purposes.

Applicant Signature: Date: