**Miami Valley Community Action Partnership**

**CSBG Customer Intake Application**

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| --- | --- |
| **Program Name:** | **Application Date:** |
| [ ]  **Emergency Services** [ ]  **Utility Assistance** | 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[x]  Not Hispanic, Latino or Spanish Origins |
| **Household Information:** |
| **# 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)[ ]  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:** |
| [ ]  Weekkly [ ]  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: