A picture containing drawing

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

**CSBG Customer Intake Application**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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  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: