COMMUNITY ACTION UNIVERSAL INTAKE

Date _____/_____/_____ **CAA Program _____** **Staff _____**

Head of Household _____ SS # _____-_____-_____

(Last) (First)

Address_____

City_____County_____

Zip_____Telephone_____

Relation	**Ethnicity/Race**	**Education**	**Medical Coverage**	**Farmer**
C= Child	W= White	A= 0 to Eight	MC= Medicare	MI= Migrant
O= Other	A= Asian	B= 9-12 (non-grad)	MA= Medicaid	S= Seasonal
P= Parent	B=Black	C= High School Grad or GED	N= None	F= Farmer
R=Relative	H= Hispanic	D= 12+ Post Secondary	U= Unknown	NF= Not Farmer
S=Spouse	N= Native American	E= Unknown	Y= Yes/Other	U= Unknown
	O= Other	F= College Degree		

Please use the key above to complete the following information

Last Name	**First Name**	**Social Security Number**	**Date of Birth**	**Relation**	**Gender**	**Disabled (optional)**	**Ethnicity/ Race (optional)**	**Education**	**Food Stamps**	**Medical Coverage**	**Farmer**	**Veteran**
1		Above		Head	M / F	Y / N			Y / N			Y / N
2					M / F	Y / N			Y / N			Y / N
3					M / F	Y / N			Y / N			Y / N
4					M / F	Y / N			Y / N			Y / N
5					M / F	Y / N			Y / N			Y / N
6					M / F	Y / N			Y / N			Y / N
7					M / F	Y / N			Y / N			Y / N
8					M / F	Y / N			Y / N			Y / N

Household Income Information

Household Member	Amount of Income	Pay Period (See key to right)	Source (s) of Income (List all that apply using key to right)	Occupation

Pay Period	Source of Income
A= Weekly	A= Employment
B= Bi-Weekly	B= Unemployment
C= Monthly	C= Soc. Security
D= Annually	D= TANF
	E= General Assist.
	F= SSI/SSD
	G= Food Stamps
	H= Medicaid
	I= Other

Household Characteristics

Household Type (check one):

____ Female Single Parent
____ Male Single Parent
____ Two Parent
____ Couple
____ Single
____ Other

Site (check one):

____ County_____
____ Out of State
____ Out of Region

Housing (check one):

____ Homeless (with roof)
____ Homeless (no roof)
____ Homeless
____ Owner
____ Renter
____ Unknown
____ Other

Rent Amount: _____

Subsidized (circle one): Yes / No

Staff Notes:

Updated 08/07/03

There are often many concerns that combine to affect us in our daily lives. The following checklist is meant to help Community Action Staff to know any areas of concern that you might have so we might best assist you, either through our agency's programs or by referral to other community resources.

IF YOU WOULD LIKE TO RECEIVE FURTHER INFORMATION EITHER BY PHONE OR MAIL SIGN HERE:

Signature: _____ Date:_____

PLEASE CHECK ALL ITEMS BELOW THAT ARE A CONCERN TO YOU AND/OR YOUR FAMILY.

INCOME MANAGEMENT

- ❑ Housing, please specify_____
- ❑ Utilities
- ❑ Food
- ❑ Clothing
- ❑ Paying bills/money management
- ❑ Weatherization
- ❑ Housing and safety maintenance
- ❑ Income Tax Assistance
- ❑ Other, please specify_____

EMPLOYMENT

- ❑ Finding/keeping a job
- ❑ Interviewing for a job
- ❑ Resume preparation
- ❑ Skills assessment
- ❑ Child care
- ❑ Transportation
- ❑ Clothing
- ❑ Other, please specify _____

EDUCATION

- ❑ Enrolling for school (College)
- ❑ Training programs
- ❑ Adult Education: GED or refresher courses
- ❑ Applying for student financial aid
- ❑ Children's education issues
- ❑ Head Start, Early Head Start, preschool, etc.
- ❑ Tutoring
- ❑ School Supplies
- ❑ Other, please specify _____

HEALTH CARE

- ❑ Medical
  - ❑ Eye
  - ❑ Hearing
  - ❑ Dental
  - ❑ Prescriptions
  - ❑ Diabetic Supplies
- ❑ Mental Health issues
- ❑ Abuse concerns
  - ❑ Alcohol / Drug
  - ❑ Tobacco
  - ❑ Gambling
  - ❑ Physical
  - ❑ Emotional
- ❑ Family Planning
- ❑ Safer Sex Information/Supplies
- ❑ Other, Please specify _____

PERSONAL NEEDS

- ❑ Parenting issues
- ❑ Support system/community involvement
- ❑ Decision making/problem solving
- ❑ Self confidence/self esteem
- ❑ Legal services
- ❑ Anger management/conflict resolution
- ❑ Communication skills
- ❑ Significant losses (Spouse, child, etc.)
- ❑ Counseling
- ❑ Recreational needs
- ❑ Car Seat
- ❑ Other, please specify _____

PLEASE ADD ANY ADDITIONAL COMMENTS IN SPACE ON REVERSE SIDE

ADDITIONAL COMMENTS:

OFFICE USE ONLY

STAFF NOTES/ADDITIONAL FOLLOW UP: