

Monthly Income (continued)

Temporary Assistance for Needy Families (TANF) ___ No ___ Yes \$_____

Unemployment Insurance ___ No ___ Yes \$_____

VA Non-Service-Connected Disability Pension ___ No ___ Yes \$_____

VA Service-Connected Disability Pension ___ No ___ Yes \$_____

Worker's Compensation ___ No ___ Yes \$_____

Total Monthly Income \$_____

NON-CASH BENEFITS

Non-cash benefits from any source ___ No ___ Yes ___ Client prefers not to answer

Supplemental Nutrition Assistance (SNAP) (previously known as food stamps) ___ No ___ Yes

Special Supplemental Nutrition Program for Women, Infants & Children (WIC) ___ No ___ Yes

TANF child care services ___ No ___ Yes

TANF transportation services ___ No ___ Yes

Other TANF-funded services ___ No ___ Yes

Other (specify) _____ ___ No ___ Yes

Employed ___ No ___ Yes

If Yes, type of employment ___ Full-time ___ Part-Time ___ Seasonal/Sporadic (including day labor)

If No, why not employed ___ Looking for work ___ Unable to work ___ Not looking for work

DOMESTIC VIOLENCE

Survivor of domestic violence? ___ No ___ Yes ___ Client prefers not to answer

If yes, when experience occurred ___ Within the past 3 months ___ 3 to 6 months ago

___ 6 to 12 months ago ___ More than a year ago ___ DK ___ PNTA

If yes, currently fleeing? ___ No ___ Yes ___ DK ___ PNTA



I _____ (Name) _____ (Social Security Number) _____ (Date of Birth)

give permission to the agency staff and other agencies that are initialed below, to exchange written and verbal information concerning myself and/or dependents. My name as well as other identifying information may be used for referrals and in discussion of my needs with other service agencies and in data collection software.

Initial	Agencies
_____	Grand Forks County Social Services
_____	The Salvation Army
_____	Grand Forks Housing Authority
_____	Prairie Harvest
_____	North Dakota Job Service
_____	Local Law Enforcement & Probation
_____	Northeast Human Service
_____	Grand Forks Public Health
_____	Legal Services of North Dakota
_____	Area Churches: _____
_____	Community Violence Intervention Center
_____	St. Joseph's Social Care
_____	Grand Forks Public Schools
_____	Social Security (SSI & SSDI)
_____	Valley Health
_____	Women, Infant, Children (WIC)
_____	Division of Community Services/Department of Commerce (DCS/DOC)
_____	Other – Please specify: _____
_____	Other – Please specify: _____
_____	Other – Please specify: _____

I understand that this information will be shared only with agencies, software and individuals who need this information to assist me in obtaining services. I understand that my contact information will be used to receive agency updates.

I understand that I have the right to not supply the information requested, however, without this information, the agency may not be able to provide me with the services that I am requesting.

I understand that I may cancel this document at any time by providing any Red River Valley Community Action staff with a written statement asking that these privileges be terminated. This consent will automatically expire at the time of case closure.

Please add me to the RRVCA email list so I can stay informed about new programs, services and special events.

Email Address: _____

Signature of Client

Date

Signature of Staff

Date

A PHOTOCOPY OF THIS CONSENT WILL BE CONSIDERED AS VALID AS THE ORIGINAL