



For office use only:	
Approved: _____	Staff: _____
Denied: _____	Reason for Denial: _____

Amount: _____	Date: _____

Self Reliance Application

Name _____

Address: _____

Social Security #: _____ Phone #: _____

Emergency Contact: _____ Phone #: _____

Current Employer: _____

Length of Employment: _____

30 Day Income Verification for all household members: _____

(If just starting job you will need verification from employer on their letterhead with your rate of pay and number of hours per week you will be working listed and signed by employer.)

Assistance needed: _____

Shirt size: _____ Pant Size: _____ Shoe Size: _____

Has any other local agency helped with any assistance requested in the past 6 months? Yes/No? If yes, which agency and what assistance was provided?

To the best of my knowledge the above information is true and accurate. I understand that agency funds will not be released until all requirements have been met.

Signature: _____

Date: _____

General Intake Form 2022

Red River Valley Community Action Agency, 4212 Gateway Dr, Grand Forks, ND 58203

701-746-5431 - Phone 701-746-0406 - FAX Services seeking: _____

Date	First Name					M.I.		Last Name	
Birthdate ____/____/____	Age	Social Security Number ____-____-____			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Transgender				
Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S Military <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> None Military			What is your Ethnicity? <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			How many in the Household?		
What is your primary race? <input type="checkbox"/> American Indian / Alaska Native/ Indigenous <input type="checkbox"/> Asian / Asian American <input type="checkbox"/> Black / African American / African <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> Multi-race (two or more of the above)			What is your highest level of education? <input type="checkbox"/> 0-8 th <input type="checkbox"/> 9 th -12 th non-grad <input type="checkbox"/> HS grad/GED <input type="checkbox"/> 12 grade + some Post-Secondary <input type="checkbox"/> 2 or 4 years College Graduate <input type="checkbox"/> Graduate of other Post-Secondary			What is your medical coverage? <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> CHIP <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Military Health Care <input type="checkbox"/> Employment Based <input type="checkbox"/> Other			
What is your family type? <input type="checkbox"/> Single Person <input type="checkbox"/> Single Parent Female <input type="checkbox"/> Single Parent Male <input type="checkbox"/> Two Adults. No Children <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Non-related Adults with Children <input type="checkbox"/> Multigenerational Household <input type="checkbox"/> Other: _____			What is your current housing situation? <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other Permanent housing <input type="checkbox"/> Homeless <input type="checkbox"/> Other <input type="checkbox"/> Unknown			Work Status? <input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (Short Term, 6 months or less) <input type="checkbox"/> Unemployed (Long Term, more than 6 months) <input type="checkbox"/> Unemployed (Not in Labor Force) <input type="checkbox"/> Retired <input type="checkbox"/> Youth (14-24) neither working or in school			
Mailing Address				City		State	Zip Code		County
Primary Phone Number:				Secondary Phone Number:			Email Address:		
What income do you receive?		How much?	How often?	What Benefits do you receive?		How much?	How often?		
<input type="checkbox"/> Employment		\$		<input type="checkbox"/> SNAP		\$			
<input type="checkbox"/> Social Security/SSI/SSDI (circle)		\$		<input type="checkbox"/> WIC		\$			
<input type="checkbox"/> VA Benefits		\$		<input type="checkbox"/> LIHEAP		\$			
<input type="checkbox"/> Child / Spousal Support (circle)		\$		<input type="checkbox"/> Section 8/ Public Housing		\$			
<input type="checkbox"/> TANF		\$		<input type="checkbox"/> Permanent Supportive Housing		\$			
<input type="checkbox"/> Pension / Retirement (circle)		\$		<input type="checkbox"/> HUD-VASH		\$			
<input type="checkbox"/> Unemployment		\$		<input type="checkbox"/> Childcare Voucher		\$			
<input type="checkbox"/> Other: _____		\$		<input type="checkbox"/> Other: _____		\$			
<input type="checkbox"/> I have no income at this time (initial here): _____				<input type="checkbox"/> I have no benefits at this time (initial here): _____					
<p>I, _____ [print name], understand Red River Valley Community Action (RRVCA) will maintain the confidentiality of personal and financial information I provide, except that RRVCA may share information with individuals within RRVCA or acting for RRVCA as necessary to provide services to me, to keep me updated about RRVCA programs, services and initiatives and to administer its programs and RRVCA may disclose information upon request of or as required by RRVCA's funding sources and/or for purposes of internal or external audits, monitoring, investigations or evaluations, and as authorized or required by law, legal process, or court order. For any other purpose, RRVCA will only disclose information with my written consent.</p>									
Applicant Signature: _____						Date: _____			

Additional Household Members

First Name	
Last Name	
Social Security #	
Birth Date	
Relationship to Head of Household	
Gender	
Primary race	
Hispanic or Non-Hispanic	
Highest level of education	
Medical coverage	
Income type	
Income Amount/How often	
Work Status	
Disabled Y or N	

First Name	
Last Name	
Social Security #	
Birth Date	
Relationship to Head of Household	
Gender	
Primary race	
Hispanic or Non-Hispanic	
Highest level of education	
Medical coverage	
Income type	
Income Amount	
Work Status	
Disabled Y or N	

First Name	
Last Name	
Social Security #	
Birth Date	
Relationship to Head of Household	
Gender	
Primary race	
Hispanic or Non-Hispanic	
Highest level of education	
Medical coverage	
Income type	
Income Amount	
Work Status	
Disabled Y or N	

First Name	
Last Name	
Social Security #	
Birth Date	
Relationship to Head of Household	
Gender	
Primary race	
Hispanic or Non-Hispanic	
Highest level of education	
Medical coverage	
Income type	
Income Amount	
Work Status	
Disabled Y or N	



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