



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: \_\_\_\_\_**

<b>Date</b>	<b>First Name</b>					<b>M.I.</b>		<b>Last Name</b>	
<b>Birthdate</b> ____/____/____	<b>Age</b>	<b>Social Security Number</b> ____-____-____			<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Transgender				
<b>Are you disabled?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>U.S Military</b> <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> None Military			<b>What is your Ethnicity?</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			<b>How many in the Household?</b>		
<b>What is your primary race?</b> <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)			<b>What is your highest level of education?</b> <input type="checkbox"/> 0-8 <sup>th</sup> <input type="checkbox"/> 9 <sup>th</sup> -12 <sup>th</sup> 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			<b>What is your medical coverage?</b> <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			
<b>What is your family type?</b> <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: _____			<b>What is your current housing situation?</b> <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			<b>Work Status?</b> <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			
<b>Mailing Address</b>				<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>County</b>	
<b>Primary Phone Number:</b>				<b>Secondary Phone Number:</b>		<b>Email Address:</b>			
<b>What income do you receive?</b>	<b>How much?</b>	<b>How often?</b>	<b>What Benefits do you receive?</b>			<b>How much?</b>	<b>How often?</b>		
<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>									
<b>Applicant Signature:</b> _____							<b>Date:</b> _____		

**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	