

## Fill-In Form Instructions

1. Complete the form.
2. Save completed form to your computer under a different name.
3. Email the form as an attachment to the appropriate contact.

If you are not sure where to email the form, contact our office at 701.746.5431.

## General Intake Form

*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					
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 <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <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 <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			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 HoH	
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 HoH	
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 HoH	
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 HoH	
Gender	
Primary race	
Hispanic or Non-Hispanic	
Highest level of education	
Medical coverage	
Income type	
Income Amount	
Work Status	
Disabled Y or N	