Fill-In Form Instructions

1. Complete the form.

2. Save completed form to your computer under a different name.

3. Email the form <u>as an attachment</u> to the appropriate contact.

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

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 ❏Male ❏ Female ❏ Other ❏Transgender

Are you disabled? ❏ Yes ❏ No	U.S Military ❏ Active ❏ Veteran ❏ None Military		What is your Ethnicity? ❏ Hispanic ❏ Non-Hispanic	How many in the Household?

What is your primary race?
- ❏ American Indian / Alaska Native/ Indigenous
- ❏ Asian / Asian American
- ❏ Black / African American / African
- ❏ Native Hawaiian / Other Pacific Islander
- ❏ White
- ❏ Other: _____
- ❏ Multi-race (two or more of the above

What is your highest level of education?
- ❏ 0-8th
- ❏ 9th-12th non-grad
- ❏ HS grad/GED
- ❏ 12 grade + some Post-Secondary
- ❏ 2 or 4 years College Graduate
- ❏ Graduate of other Post-Secondary

What is your medical coverage?
- ❏ Medicaid
- ❏ Medicare
- ❏ CHIP
- ❏ State Health Insurance for Adults
- ❏ Military Health Care
- ❏ Employment Based
- ❏ Other

What is your family type?
- ❏ Single Person
- ❏ Single Parent Female
- ❏ Single Parent Male
- ❏ Two Adults. No Children
- ❏ Two Parent Household
- ❏ Non-related Adults with Children
- ❏ Multigenerational Household
- ❏ Other: _____

What is your current housing situation?
- ❏ Own
- ❏ Rent
- ❏ Other Permanent housing
- ❏ Homeless
- ❏ Other
- ❏ Unknown

Work Status?
- ❏ Employed Full Time
- ❏ Employed Part Time
- ❏ Migrant Seasonal Farm Worker
- ❏ Unemployed (Short Term, 6 months or less)
- ❏ Unemployed(Long Term, more than 6 months)
- ❏ Unemployed (Not in Labor Force)
- ❏ Retired
- ❏ 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?
❏ Employment	$		❏ SNAP	$	
❏ Social Security/SSI/SSDI (circle)	$		❏ WIC	$	
❏ VA Benefits	$		❏ LIHEAP	$	
❏ Child / Spousal Support (circle)	$		❏ Section 8/ Public Housing	$	
❏ TANF	$		❏ Permanent Supportive Housing	$	
❏ Pension / Retirement (circle)	$		❏ HUD-VASH	$	
❏ Unemployment	$		❏ Childcare Voucher	$	
❏ Other: _____	$		❏ Other: _____	$	
❏ I have no income at this time (initial here): _____			❏ I have no benefits at this time (initial here): _____		

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.

Applicant Signature: _____   Date: _____

Additional Household Members

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

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