

**Community Action Wayne/Medina  
CSBG Intake Form**

Applicant Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

|  |  |  |
|--|--|--|
| <b>Gender</b><br><input type="checkbox"/> Male <input type="checkbox"/> Female | <b>Ethnicity</b><br><input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> White<br><input type="checkbox"/> Native American <input type="checkbox"/> Other _____ | <b>Health Insurance</b><br><input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Self-Insured<br><input type="checkbox"/> Private <input type="checkbox"/> Uninsured <input type="checkbox"/> Other _____ |
|--|--|--|

|   |   |  |  |
|---|---|--|--|
| <b>Disabled</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Veteran</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>Education</b><br><input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12(Non-Grad) <input type="checkbox"/> HS Grad/GED<br><input type="checkbox"/> 12+ <input type="checkbox"/> College Grad <input type="checkbox"/> Unknown | <b>Family Type</b><br><input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Single Parent/ Female<br><input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Two Parent <input type="checkbox"/> Other |
|---|---|--|--|

|  |  |  |  |   |
|--|--|--|--|---|
| <b>Food Stamps</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Amount<br>\$ _____ | <b>Cash Assistance</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Case Number<br>_____ | <b>Housing</b><br><input type="checkbox"/> Own <input type="checkbox"/> Rent<br><br>Amount<br>\$ _____ | <b>Rental Assistance</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Amount<br>\$ _____ | <b>Landlord Information</b><br>Name _____<br>Address _____<br>Phone Number (____) _____ |
|--|--|--|--|---|

|                                     |  |  |
|-------------------------------------|--|--|
| <b>Number In Household</b><br>_____ | <b>Client Income</b><br><input type="checkbox"/> Weekly <input type="checkbox"/> Annual <input type="checkbox"/> Bi-weekly<br><input type="checkbox"/> 13 Weeks <input type="checkbox"/> Monthly | <b>Sources of Income</b><br><input type="checkbox"/> Employment <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security<br><input type="checkbox"/> Pension <input type="checkbox"/> TANF <input type="checkbox"/> SSI/SSDI <input type="checkbox"/> DA<br><input type="checkbox"/> Other _____ Amount \$ _____ |
|-------------------------------------|--|--|

**Other Household Members**

|                  |  |  |  |  |  |
|------------------|--|--|--|--|--|
| SS #             |  |  |  |  |  |
| Last Name        |  |  |  |  |  |
| First Name       |  |  |  |  |  |
| Date of Birth    |  |  |  |  |  |
| Gender           |  |  |  |  |  |
| Disabled         |  |  |  |  |  |
| Ethnicity        |  |  |  |  |  |
| Education        |  |  |  |  |  |
| Health Insurance |  |  |  |  |  |
| Veteran          |  |  |  |  |  |

**Other Household Income**

|                                  |  |  |
|----------------------------------|--|--|
| <b>Household Member</b><br>_____ | <b>Client Income</b><br><input type="checkbox"/> Weekly <input type="checkbox"/> Annual <input type="checkbox"/> Bi-weekly<br><input type="checkbox"/> 13 Weeks <input type="checkbox"/> Monthly | <b>Sources of Income</b><br><input type="checkbox"/> Employment <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security<br><input type="checkbox"/> Pension <input type="checkbox"/> TANF <input type="checkbox"/> SSI/SSDI <input type="checkbox"/> DA<br><input type="checkbox"/> Other _____ Amount \$ _____ |
| <b>Household Member</b><br>_____ | <b>Client Income</b><br><input type="checkbox"/> Weekly <input type="checkbox"/> Annual <input type="checkbox"/> Bi-weekly<br><input type="checkbox"/> 13 Weeks <input type="checkbox"/> Monthly | <b>Sources of Income</b><br><input type="checkbox"/> Employment <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security<br><input type="checkbox"/> Pension <input type="checkbox"/> TANF <input type="checkbox"/> SSI/SSDI <input type="checkbox"/> DA<br><input type="checkbox"/> Other _____ Amount \$ _____ |

(Use additional form if more income needs to recorded.)

|                               |                              |
|-------------------------------|------------------------------|
| Total Monthly Income \$ _____ | Total 90 day income \$ _____ |
|-------------------------------|------------------------------|

*I CERTIFY THAT THIS STATEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND AUTHORIZE THE RELEASE OF ANY OR ALL INFORMATION NECESSARY FOR VERIFICATION PURPOSES*

Client Signature \_\_\_\_\_ Date \_\_\_\_\_  
Staff Signature \_\_\_\_\_ Date \_\_\_\_\_