

# CENTRALIZED INTAKE APPLICATION FORM

Case: \_\_\_\_\_ County \_\_\_\_\_

Date: \_\_\_\_\_

Head of Household: \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_

Town/ZIP \_\_\_\_\_

Phone Numbers Work: \_\_\_\_\_ Home: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Household Type:**

- Single
- Single Female Parent
- Single Male Parent
- Two Parent Family
- Two Adults no children
- Other \_\_\_\_\_

ALL HOUSEHOLD MEMBERS  
(if more than 7 use back)

Family Size \_\_\_\_\_ #Males \_\_\_\_\_ #Females \_\_\_\_\_

SS#	Last Name	First Name	DOB	Sex	Ethnic	Disabled	Educ
_____	_____	_____	_____	M/F	_____	Yes/No	_____
_____	_____	_____	_____	M/F	_____	Yes/No	_____
_____	_____	_____	_____	M/F	_____	Yes/No	_____
_____	_____	_____	_____	M/F	_____	Yes/No	_____
_____	_____	_____	_____	M/F	_____	Yes/No	_____
_____	_____	_____	_____	M/F	_____	Yes/No	_____
_____	_____	_____	_____	M/F	_____	Yes/No	_____

<p>Check all that apply</p> <ul style="list-style-type: none"> <li><input type="radio"/> US Citizen /legal resident</li> <li><input type="radio"/> Health Insurance</li> <li><input type="radio"/> Disabled</li> <li><input type="radio"/> Veteran</li> <li><input type="radio"/> Rent Home Amt. _____</li> <li><input type="radio"/> Buying Amt. _____</li> <li><input type="radio"/> Subsidized Housing</li> <li><input type="radio"/> Homeless</li> <li><input type="radio"/> Other _____</li> </ul>	<p>Income Source:</p> <ul style="list-style-type: none"> <li><input type="radio"/> Employment</li> <li><input type="radio"/> Unemployment Comp</li> <li><input type="radio"/> VA/Pension</li> <li><input type="radio"/> SSI</li> <li><input type="radio"/> SS</li> <li><input type="radio"/> GATANF benefits</li> <li><input type="radio"/> Employment+other</li> <li><input type="radio"/> No income</li> </ul>	<p>Do you receive:</p> <ul style="list-style-type: none"> <li><input type="radio"/> Food Stamps</li> <li><input type="radio"/> LIHEAP</li> </ul> <hr/> <p>TOTALS:</p> <p>Monthly Income _____</p> <p>Annual Income _____</p>
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Certification: I certify that the information on this application is correct and I also understand that receipt of assistance through misrepresentation constitutes fraud and is punishable by fine or imprisonment.

Applicant's Signature \_\_\_\_\_ Workers Signature \_\_\_\_\_

Under no circumstances will Eastern Plains CAA tolerate discrimination, any person who believes that he/she has been discriminated against on the basis race, sex, religion, color, age, disability, sexual preference or national origin, may submit a written complaint to: Dora Pacheco, Executive Director PO Box 1244, Tucumcari, NM 88401

