

NCIDC LIHEAP CLIENT INTAKE and REGISTRATION

Reservation: _____

NCIDC 01/05

1b. Reg. Num.	2. Name Last	First	MI	SF	3. SSN	4. County	5. Intake Date		
6. Home Address			Apt. Num		City	State	7. Zip Code		
9. Mailing Address (if different from Home Address)			City		State	10. Zip Code	11. Message Num		
12. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		13. Date of Birth		14. Ethnicity/Race - Mark one of the following Racial groups			Mark one of the following Ethnic groups		
15. Other Characteristics - Mark only those applicable to the Client: <input type="checkbox"/> No Health Insurance <input type="checkbox"/> Client is Disabled <input type="checkbox"/> Client is a Veteran		<input type="checkbox"/> Native Am. Indian/Alaskan			<input type="checkbox"/> White		<input type="checkbox"/> Hispanic or Latino		
		<input type="checkbox"/> African American			<input type="checkbox"/> Other		<input type="checkbox"/> Not Hispanic or Latino		
17. Education - Mark Highest grade completed by Clients age 24+: <input type="checkbox"/> 0 to 8th Grades <input type="checkbox"/> 9th to 12th Grade - NonGraduate <input type="checkbox"/> High School Grad or E+GED <input type="checkbox"/> 12th plus some Post Secondary <input type="checkbox"/> 2 or 4 Yr College Graduates		16. Family Type - Mark one of the following Family Types which best describes the Client's current Family arrangement:							
		<input type="checkbox"/> Single Parent Female		<input type="checkbox"/> Two Parent Household		<input type="checkbox"/> Single Person			
		<input type="checkbox"/> Single Parent Male		<input type="checkbox"/> Two Adults No Children		<input type="checkbox"/> Other Family Type			
19. Housing - Mark one to indicate the description of the Client's current residence: <input type="checkbox"/> Own Home <input type="checkbox"/> Homeless <input type="checkbox"/> Rent <input type="checkbox"/> Other Hsing			18a. Family Size - Enter size of the Client's current Family Unit inc. client.			18b. Enter number of family members in each Category.			
			<input type="checkbox"/> Family Size			<input type="checkbox"/> # 60 yrs or older	<input type="checkbox"/> # Disabled	<input type="checkbox"/> # 2 yrs. or under	<input type="checkbox"/> # 3 to 5 yrs.
20. Source(s) of Family Income - Mark all types of income received by all related persons living in the Client's Household, if any.:			<input type="checkbox"/> No Income			<input type="checkbox"/> Social Security		<input type="checkbox"/> Unemp Insur	
			<input type="checkbox"/> TANF			<input type="checkbox"/> Pension		<input type="checkbox"/> Employ plus Other	
			<input type="checkbox"/> SSI			<input type="checkbox"/> Gen Asstance		<input type="checkbox"/> Employ Only	
21. Other Family Characteristics - for Clients receiving Food Stamps, Farm Families or MSFW Families									
<input type="checkbox"/> Recv Food Stamp <input type="checkbox"/> Farmer <input type="checkbox"/> Migrant Farmwrkr <input type="checkbox"/> Seasonal Farmwrkr <input type="checkbox"/> Resrvtn/Rnchria Resident									
22a. Income Computation -Enter Total Gross Monthly Income for all persons living in the Household			22b. Type of Assistance Reqeusted			23. Certification by Submitting Agency (please print)			
TANF \$ _____			Wood _____			Intake Worker Name (please print) _____			
SSI/SSP \$ _____			Oil _____						
SSA \$ _____			Propane _____			Recommendation for payment benefit: \$ _____			
Wages \$ _____			Elect. _____						
Pensions \$ _____			Name of Customer on Utility Bill: _____			Comments: _____			
GA/GR \$ _____			___ Check if Utilities included in Rent or Submetered						
Interest \$ _____			If energy-related crisis provide certification for:						
Other \$ _____			___ Interruption of Service						
Total \$ _____			___ Shut-Off Notice						
			___ Insufficient Funds for Delinquent Bill over 1 month						
24. CERTIFICATION: By signing this document I am certifying that all information provided orally and on this application form is true to the best of my knowledge. I further acknowledge that this information is subject to verification and that falsification of such information shall be grounds for my termination from any program in which I am participating and may result in prosecution. I further certify that I am the only person in my household who has applied for these services.									
Applicant: _____			Date: _____			Staff: _____			
						Date: _____			