NEWCAP INTAKE FORM – Please complete this form in its entirety to avoid a delay in services.

What program/s are you interested in (check all that apply): ☐ Rental Assistance ☐ Weatherization ☐ Furnace ☐ Health Services ☐ Homebuyer/Homeowner Programs ☐ Transportation ☐ Entrepreneur ☐ Newcap rentals ☐ Job Search ☐ Budget Counseling ☐ Education ☐ Other:							
CUSTOMER INFORMATION							
Last Name	First Name	MI	Date of Birth	Intake Date			
Phone ()	Email		SSN	Office Location/Site			
Cell ()							
Primary Address:		City:		Zip Code			
Mailing Address:	County/Tri		be:				
CENTER	AAADITAI CTATUC		ET INVOITY				
GENDER		MARITAL STATUS		ETHNICITY			
☐ Male	•	eparated	☐ Hispanic/Latino				
☐ Female		ivorced	☐ Non-Hispanic/Lat	ino			
☐ Other HOUSEHOLD TYPE		Vidowed					
	INDICATE YOUR RACE (SELEC	<u> </u>	□ Haveiian /Daaifia	I a la mada m			
☐ Single parent female☐ Single parent male	☐ American Indian/Alaskan Native		☐ Hawaiian/Pacific Islander☐ Multi-Race				
☐ Two parent household	☐ Asian☐ Black/African American						
☐ Single person	☐ Caucasian (White)		Other				
☐ Two or more adults NO CHILDREN			☐ Unspecified				
INDICATE YOUR EDUCATION (SELECT O	ONE)						
□ 0-8 th Grade	9-12 Education		☐ High School Grad	uate			
☐ 12+ Some Postsecondary			☐ Vocational School				
☐ 2 Year Degree	☐ Graduate Degree		☐ Unspecified				
☐ 4 Year Degree			_ onspecified				
INDICATE YOUR HEALTH INSURANCE (SELECT ONE)						
☐ No Health Insurance	☐ Medicaid		☐ State Children's Health Insurance				
☐ Direct Purchase	☐ Medicare		☐ State Insurance for Adults				
☐ Employment Based	☐ Military Health Care		☐ Unknown				
MILITARY STATUS (SELECT ONE)	DO YOU RECEIVE FOOD STAMPS?		ARE YOU DISABLED?				
☐ Active Military ☐ Veteran	☐ Yes		☐ Yes				
☐ No Military Status	□ No		□ No				
☐ Unknown	☐ Decline to Answer		☐ Decline to Answer				
FARMER (SELECT ONE)	WORK STATUS (SELECT ONE)					
☐ Farmer	☐ Employed Full-Time		☐ Unemployed (Long-Term)				
☐ Migrant	\square Employed Part-Time		\square Unemployed (Not in Workforce)				
☐ Migrant Seasonal	☐ Migrant Seasonal Farm Worker		\square Unemployed Short Term >6mos				
☐ Not a Farmer	☐ Retired		□ Unknown				
RESIDENT? (SELECT ONE) NON-CASH BENEFITS (SELECT ONE)							
☐ US citizen	☐ Affordable Care Act Subsi	dy		☐ Other			
☐ Documented Alien	☐ Childcare Voucher			☐ Public Housing			
☐ Undocumented Alien	☐ Housing Choice Voucher			□ None			
	☐ HUD-VASH		☐ Permanent Suppo	ortive Housing			

SOURCE:	THLY INCOME AMOUNT AI	ND SELECT INCOME	\$		
☐ Employment	☐ Unemployment	☐ Work Comp	☐ EITC		
☐ TANF	☐ Pension	☐ Private Disability	☐ None		
☐ Public Assistance	☐ Alimony	☐ SSI	☐ VA Service-Connected Compensation		
☐ Child Support	☐ Rental	□ SSDI	☐ VA Non-Service Connected Pension		
☐ Self-Employment	☐ Interest/Dividends	☐ Social Security Retir			
HOUSING STATUS (SEL	·		<u></u>		
□ Rent	□ Own		☐ Other		
Landlord name:	□ Rent t	o Own	☐ Runaway		
LL Address:	□ nene e	0 0 1111	☐ Homeless		
LL Phone number:			☐ Temp Stable		
Rent amount per mont	h:		☐ Temp Unstable		
Who pays for heating					
Landlord or Tena	ant				
HOUSING TYPE (SELECT					
☐ House- year built	·	Type of	Energy Source :		
☐ Duplex (lower/uppe	r level or side				
by side) - Year built		eater- Natural Gas LI	P/Propane Oil Electric Unknown		
☐ Apartment - # of Un					
Year built		Natural gas LP/Propa	ane Oil Electric Wood Unknown		
☐ Mobile home					
Year built					
RELIABLE TRANSPORTA	ATION - YES OR NO				
DO YOU HAVE A VALID	DRIVER'S LICENSE - YE	S OR NO			
Are you or any househo	old member related to any N	Newcap employee or Boar	d of Director? (related to includes self, spouse,		
I	Fiancée/Fiancé, children and children-in-law, brothers, brother(s)-in-law, sisters, sister(s)-in-law, parents, and parent(s)-in-law, and/or				
anyone who received more	e than 50% of their annual sup	port from the person (e.g. ac	lopted child, foster child))		
	e than 50% of their annual sup				
	e than 50% of their annual sup				
	e than 50% of their annual sup				
Yes No If Yes	e than 50% of their annual sup				
Yes No If Yes	e than 50% of their annual sup				
Yes No If Yes	e than 50% of their annual sup				
Yes No If Yes	e than 50% of their annual sup				
Yes No If Yes	e than 50% of their annual sup				
Yes No If Yes	e than 50% of their annual sup				
Yes No If Yes	e than 50% of their annual sup				
Yes No If Yes	e than 50% of their annual sup				
Yes No If Yes	e than 50% of their annual sup				
Yes No If Yes	e than 50% of their annual sup				
Yes No If Yes	e than 50% of their annual sup				
Yes No If Yes	e than 50% of their annual sup				
Yes No If Yes	e than 50% of their annual sup				
Yes No If Yes	e than 50% of their annual sup				
Yes No If Yes	e than 50% of their annual sup				
Yes No If Yes	e than 50% of their annual sup				

ther Household Members RST NAME: Other Household Members FIRST NAME:		Other Household Members FIRST NAME:	
MIDDLE INITIAL:	MIDDLE INITIAL:	MIDDLE INITIAL: LAST NAME:	
BIRTHDATE:	BIRTHDATE:	BIRTHDATE:	
GENDER: Male Female	GENDER: Male Female	GENDER: Male Female	
RELATIONSHIP TO THE APPLICANT Boy-Girlfriend Parent	RELATIONSHIP TO THE APPLICANT Boy-Girlfriend Parent	RELATIONSHIP TO THE APPLICANT Boy-Girlfriend Parent	
•	•	Son Daughter	
Son Daughter Cousin Sibling	Son Daughter Cousin Sibling	Cousin Sibling	
Foster-Child Spouse	Foster-Child Spouse	Foster-Child Spouse	
Grandchild Step-child	Grandchild Step-child	Grandchild Step-child	
Grandparent Step-parent	Grandparent Step-parent	Grandparent Step-parent	
Nephew/Niece No Relation	Nephew/Niece No Relation	Nephew/Niece No Relation	
Uncle Aunt	Uncle Aunt	Uncle Aunt	
ETHNICITY: (Check one)	ETHNICITY: (Check one)	ETHNICITY: (Check one)	
Hispanic Non-Hispanic	Hispanic Non-Hispanic	Hispanic Non-Hispanic	
RACE: (Check one or two/specify if	RACE: (Check one or two/specify if	RACE: (Check one or two/specify if	
other)	other)	other)	
American Indian Black White	American Indian Black White	American Indian Black White	
Asian Other:	Asian Other:	Asian Other:	
MARITAL STATUS: (Check one)	MARITAL STATUS: (Check one)	MARITAL STATUS: (Check one)	
Single	Single	Single	
Married	Married	Married	
Divorced/Separated	Divorced/Separated	Divorced/Separated	
Widowed	Widowed	Widowed	
HIGHEST LEVEL OF EDUCATION:	HIGHEST LEVEL OF EDUCATION:	HIGHEST LEVEL OF EDUCATION:	
0-8 grade	0-8 grade	0-8 grade	
9-12/Non-Graduate	9-12/Non-Graduate	9-12/Non-Graduate	
High School Graduate/GED	High School Graduate/GED	High School Graduate/GED	
12+ Some Post Secondary	12+ Some Post Secondary	12+ Some Post Secondary	
2 or 4 years College Graduate	2 or 4 years College Graduate	2 or 4 years College Graduate	
HEALTH INSURANCE STATUS:	HEALTH INSURANCE STATUS:	HEALTH INSURANCE STATUS:	
Medicaid/Medicare	Medicaid/Medicare	Medicaid/Medicare	
No coverage (self pay)	No coverage (self pay)	No coverage (self pay)	
VA Benefits	VA Benefits	VA Benefits	
Government/Tribal Insurance	Government/Tribal Insurance	Government/Tribal Insurance	
Other (Please specify)	Other (Please specify)	Other (Please specify)	
HUD REQUIRED:	HUD REQUIRED:	HUD REQUIRED:	
US Veteran: Yes No	US Veteran: Yes No	US Veteran: Yes No	
Disabled: Yes No	Disabled: Yes No	Disabled: Yes No	
If yes: Physical Mental Blind	If yes: Physical Mental Blind	If yes: Physical Mental Blind	
Speech Developmental Deaf	Speech Developmental Deaf	Speech Developmental Deaf	
Behavioral	Behavioral	Behavioral	
Long Term: Yes No	Long Term: Yes No	Long Term: Yes No	
EMPLOYMENT STATUS:	EMPLOYMENT STATUS:	EMPLOYMENT STATUS:	
Are You Currently Employed?	Are You Currently Employed?	Are You Currently Employed?	
Yes No If yes: Full Time Part Time	Yes No	Yes No	
If yes: Full Time Part Time Hours per week	If yes: Full Time Part Time Hours per week	If yes: Full Time Part Time	
Hourly wage	Hourly wage	Hours per week	
If no state reason:	If no state reason:	Hourly wage If no state reason:	
STAFF USE Only:	STAFF USE Only:	STAFF USE Only:	
Program:	Program:	Program:	
Service Start Date:	Service Start Date:	Service Start Date:	
Service End Date:	Service End Date:	Service End Date:	

Other Household Members FIRST NAME:	Other Household Members FIRST NAME:	Other Household Members FIRST NAME: MIDDLE INITIAL: LAST NAME: BIRTHDATE:	
MIDDLE INITIAL:	MIDDLE INITIAL:		
BIRTHDATE:	BIRTHDATE: // /		
GENDER: Male Female	GENDER: Male Female	GENDER: Male Female	
RELATIONSHIP TO THE APPLICANT	RELATIONSHIP TO THE APPLICANT	RELATIONSHIP TO THE APPLICANT	
Boy-Girlfriend Parent	Boy-Girlfriend Parent	Boy-Girlfriend Parent	
Son Daughter	Son Daughter	Son Daughter	
Cousin Sibling	Cousin Sibling	Cousin Sibling	
Foster-Child Spouse	Foster-Child Spouse	Foster-Child Spouse	
Grandchild Step-child	Grandchild Step-child	Grandchild Step-child	
Grandparent Step-parent	Grandparent Step-parent	Grandparent Step-parent	
Nephew/Niece No Relation	Nephew/Niece No Relation	Nephew/Niece No Relation	
Uncle Aunt	Uncle Aunt	Uncle Aunt	
ETHNICITY: (Check one)	ETHNICITY: (Check one)	ETHNICITY: (Check one)	
Hispanic Non-Hispanic	Hispanic Non-Hispanic	Hispanic Non-Hispanic	
RACE: (Check one or two/specify if	RACE: (Check one or two/specify if	•	
	other)	RACE: (Check one or two/specify if	
other)		other)	
American Indian Black White	American Indian Black White	American Indian Black White	
Asian Other:	Asian Other:	Asian Other:	
MARITAL STATUS: (Check one)	MARITAL STATUS: (Check one)	MARITAL STATUS: (Check one)	
Single	Single	Single	
Married	Married	Married	
Divorced/Separated	Divorced/Separated	Divorced/Separated	
Widowed	Widowed	Widowed	
HIGHEST LEVEL OF EDUCATION: 0-8 grade	HIGHEST LEVEL OF EDUCATION: 0-8 grade	<u>HIGHEST LEVEL OF EDUCATION:</u> 0-8 grade	
9-12/Non-Graduate	9-12/Non-Graduate	9-12/Non-Graduate	
High School Graduate/GED	High School Graduate/GED	High School Graduate/GED	
12+ Some Post Secondary	12+ Some Post Secondary	12+ Some Post Secondary	
2 or 4 years College Graduate	2 or 4 years College Graduate	2 or 4 years College Graduate	
HEALTH INSURANCE STATUS:	HEALTH INSURANCE STATUS:	HEALTH INSURANCE STATUS:	
Medicaid/Medicare	Medicaid/Medicare	Medicaid/Medicare	
No coverage (self pay)	No coverage (self pay)	No coverage (self pay)	
VA Benefits	VA Benefits	VA Benefits	
Government/Tribal Insurance	Government/Tribal Insurance	Government/Tribal Insurance	
Other (Please specify)	Other (Please specify)	Other (Please specify)	
HUD REQUIRED:	HUD REQUIRED:	HUD REQUIRED:	
US Veteran: Yes No	US Veteran: Yes No	US Veteran: Yes No	
Disabled: Yes No	Disabled: Yes No	Disabled: Yes No	
If yes: Physical Mental Blind	If yes: Physical Mental Blind	If yes: Physical Mental Blind	
Speech Developmental Deaf	Speech Developmental Deaf	Speech Developmental Deaf	
Behavioral Long Term: Yes No	Behavioral Long Term: Yes No	Behavioral Long Term: Yes No	
EMPLOYMENT STATUS:	EMPLOYMENT STATUS:	EMPLOYMENT STATUS:	
Are You Currently Employed?	Are You Currently Employed?	Are You Currently Employed?	
Yes No	Yes No	Yes No	
If yes: Full Time Part Time	If yes: Full Time Part Time	If yes: Full Time Part Time	
Hours per week	Hours per week	Hours per week	
Hourly wage	Hourly wage	Hourly wage	
If no state reason:	If no state reason:	If no state reason:	
STAFF USE Only:	STAFF USE Only:	STAFF USE Only:	
Program:	Program:	Program:	
Service Start Date:	Service Start Date:	Service Start Date:	
Service End Date:	Service End Date:	Service End Date:	