

Blue Water Community Action General Intake Form

Household Member (list all members, including yourself and children)	Social Security Number	Date of Birth	Race	Ethnicity	Gender	Disabled	Relationship to Applicant	Type of Health Insurance	Education Level	Amount and Source of Income

Phone number: _____ **E-mail address:** _____

Current address: _____ **Length of time at residence:** _____

Dwelling Type: ___Apartment (multiple units) ___Mobile Home ___Single Family Home ___Other: _____

Heating/Fuel: ___Natural Gas ___LP Gas (Propane) ___Fuel Oil ___Electric ___Wood ___Other: _____

Primary Heating Vendor: _____ **Average Monthly Energy Bill:** _____

Transportation: ___Own ___Public ___Others ___None **Daycare:** ___Licensed Facility (including in-home) ___Unlicensed ___N/A

Employment 1: Name of Employee _____ Name of Employer _____

___Full-Time ___Part-Time ___Benefits ___No Benefits Date of Hire _____ Position _____

Employment 2: Name of Employee _____ Name of Employer _____

___Full-Time ___Part-Time ___Benefits ___No Benefits Date of Hire _____ Position _____

Do you receive food assistance? ___Yes ___No **Do you receive cash assistance?** ___Yes ___No

Have you received State Emergency Relief (SER) funds within the past thirty (30) days? ___Yes ___No

Is anyone in the household pregnant? ___Yes ___No **If yes, who?** _____