



AGENCY INTAKE

Please complete all required fields marked with an *

*Today's Date: _____

*Full Name: _____ *DOB: _____

Mailing Address: Street _____

City _____ State _____ Zip _____

For contact purposes, email OR phone is required

*Personal Email: _____

*Preferred Phone: Home Work Mobile Do you receive text messages? Yes No

*Home Phone: _____ or Mobile Phone: _____ or Work Phone: _____

DEMOGRAPHIC INFORMATION

*Gender: Female Male Transgender Other
 Prefer not to Answer

*Race: African American/Black or Haitian American Indian/Alaskan Native Asian Caucasian/White
 Native Hawaiian/Pacific Islander Other Single Race (Please Specify): _____
 American Indian/Alaskan Native *and* White Black/African American/Haitian *and* White
 American Indian/Alaskan Native *and* Black/African American/Haitian Asian *and* White
 Other Multi-Race (Please Specify): _____
 Prefer not to Answer

*Ethnicity: Hispanic/Latino Non-Hispanic Prefer not to Answer

Primary Language (*the language most often spoken at home*): English Spanish Polish
 American Sign Language Anishinaabemowin Chinese Arabic Other

*Highest Grade Completed: Grades 9-12/Non-Graduate Grades 0-8
 High School Equivalency (GED, HiSet, TASC) High School Diploma Some College
 College Certificate (non-credit bearing) College Certificate (credit bearing) Associate Degree
 Bachelor's Degree Master's Degree Doctoral Degree
 Graduate From Other Post-Secondary School No High School Diploma/Equivalency (Grade Level Unknown)
 Prefer not to Answer

*Military Status: Active Duty Veteran Spouse of Active Duty Member
 Spouse of Veteran Never Served Prefer not to Answer

***Living Arrangement:** House/apt. is rented by household member – subsidized

House/apt. is rented by household member – unsubsidized House/apt. is owned by household member

Household stays in the house/apt./room for free (no lease) Household is homeless (without a roof) or in a shelter

Other (please explain) _____

Prefer not to Answer

If you are incarcerated or in an institution (such as a rehabilitation facility or a group home) and do NOT pay rent, please select "Household stays...for free..."

***Health Insurance Status (primary insurance only):**

Medical Assistance Minnesota Care – or other state program Medicare Medicare Savings Program

Military Healthcare Under 26 and on Parents' coverage No insurance at all

Private insurance through a household member's employer

Private insurance (not through a household member's employer), unsubsidized (Qualified Health Plan)

Private insurance (not through a household member's employer), unsubsidized (not a Qualified Health Plan)

Private insurance (not through a household member's employer), partially or completely subsidized

Prefer not to Answer

***Employment status at program entry:** Employed full time Employed part time Retired

Student Unemployed (Short-Term, 6 months or less) Unemployed (Long-Term, more than 6 months)

Unemployed (Not in Labor Force) Unable to work due to disability Stay-at-home caregiver or parent

Migrant Seasonal Farm Worker Employed full time AND Student Employed part time AND Student

Other (please explain) _____

Prefer not to Answer

***In school/training at program entry?** Yes No ***If you are 14-24 and neither working nor in school, check here:**

HOUSEHOLD DETAILS

***Your Gross Household Income:** _____

Estimate household income for past 12 months. Only include wages/salaries/tips, business, interest/dividend, unemployment/disability, welfare assistance, alimony/child support, pension/retirement, regular gifts from non-household members & armed forces.

***Household Type:** Single Person Two Adults NO Children Single Parent Female Single Parent Male

Two Parent Household Non-related Adults with Children Multigenerational Household

Other (please explain): _____

Prefer not to Answer

***Household Size (circle one):** 1 2 3 4 5 6 or more

***Other Income Source:** Wages, salary or self-employment MFIP/TANF SSI SSDI
 VA Service-Connected Disability Compensation VA Non-Service Connected Disability Pension
 Private Disability Insurance Worker's Compensation Retirement Income from Social Security
 Pension Child Support Alimony or other Spousal Support Unemployment Insurance
 EITC Other (please explain): _____ None of the above
 Prefer not to Answer

***Non-Cash Benefits:** SNAP WIC LIHEAP Housing Choice Voucher Public Housing
 Permanent Supportive Housing HUD-VASH Childcare Voucher Affordable Care Act Subsidy
 Other (please explain): _____
 None of the above Prefer not to Answer

***Do you have a disability?** Yes No Prefer not to Answer

EMPLOYMENT INFORMATION

***Are you currently employed?** Yes No

If you are employed, please complete the following questions regarding employment. If not, jump to "Education Information" section.

***Job Type:** Permanent Transitional Seasonal Temporary Other (not permanent)

***Hours per Week:** _____

***Hourly Wage:** \$ _____

***Benefit Type:** Job will (eventually) offer health insurance Job will not (at any point) offer health insurance

EDUCATION INFORMATION

Are you currently attending school or in a training program? Yes No

Estimated Completion Date: _____

LICENSURE QUESTIONNAIRE

LICENSURE

YES	NO	
		*This is my first time getting a driver's license
		*This is a reinstatement of a driver's license
		*I am here to get my driver's permit

Briefly explain your barriers in obtaining a permit or license:

DRIVING/FINANCIAL INFORMATION

YES	NO	
		*I have a DUI/OWI/DWI
		*I have moving violations
		*I have unpaid fines and fees
		*I have unpaid child support
		*I am interested in driver's diversion

GENERAL INFORMATION

*Do you own a vehicle? Yes No

What are your overall transportation goals? (What are you hoping we can help you with?)



Conflict of Interest Statement

Affordable Homes, Lending Products and other Forms of Assistance *might* be available through Community Action Duluth (CAD) and Partnerships in which CAD has entered.

Clients of Community Action Duluth are under no obligation to utilize these services.

- You are **free** to choose lenders, loan products, down payment assistance, financial institutions, housing realtors, legal advisors, tax preparers, and/or any other goods or services *regardless* of the recommendations made by your counselor or instructor.
- You are **encouraged** to do your own research and seek advice and counsel from any reliable source before making major financial decisions.

Occasionally in the course of financial education classes or during one-on-one coaching, the name of an agency, lender, financial institution, or investment product may be used for illustration purposes.

- ***Neither endorsement nor sanction should be inferred thereby.***
- As with all aspects of your finances, you should **carefully consider** your personal goals, risk tolerance, resources, and all of your options before making any purchase, investment, or contractual relationship with any agency or company.

I have read and understood this Conflict of Interest Statement:

Participant Signature: _____ Date: _____

Anti-Discrimination Policy

Community Action Duluth does not discriminate. Our services will not discrimination against persons based on:

- | | |
|-------------------|----------------------------|
| ▪ Race | ▪ Gender |
| ▪ Ethnicity | ▪ Marital Status |
| ▪ Color | ▪ Public Assistance Status |
| ▪ Creed | ▪ Disability |
| ▪ Religion | ▪ Sexual Orientation |
| ▪ National Origin | ▪ Age |

If you need assistance or accommodation in order to fully use our services, please tell any staff member. If you believe Community Action Duluth has discriminated against you, or if you believe we have not accommodated your need, you may file a complaint with: **Jeff Longenecker, Executive Director Community Action Duluth- 2424 W 5th St. Duluth MN, 55806. Phone: (218) 726-1665.**



OPTIONAL: Consent for Release of Information + Use of Photo

I give CAD permission to use my name, photo and/or story to promote different opportunities and programs provided by CAD. This may include posting pictures or using my name and story or specific quotes in newsletters, on website, in reports and/or with regards to funding requests.

We will never use your photo or name without asking your permission, even after this form has been signed.

This release is effective for seven years from the date of signature.

I understand that I am permitted to withdraw this consent at any time by contacting CAD at (218) 726-1665.

Participant Signature: _____ Date: _____

OR

I am **WITHDRAWING** authorization for CAD to use my name, photo and/or story from this day forward.

Participant Signature: _____ Date: _____