



United Communities Against Poverty, Inc.
 1400 Doewood Lane
 Capitol Heights, MD 20743
 301-322-5700

Program:	
<input type="checkbox"/> Donations	<input type="checkbox"/> Path Program
<input type="checkbox"/> Family Stabilization	<input type="checkbox"/> Rental Assistance
<input type="checkbox"/> First Time Homebuyers	<input type="checkbox"/> Senior Services
<input type="checkbox"/> Food Pantry	<input type="checkbox"/> Service Link Housing
<input type="checkbox"/> Housing Counseling	<input type="checkbox"/> Shepard's Cove Shelter
<input type="checkbox"/> Mortgage Assistance	<input type="checkbox"/> Weatherization
<input type="checkbox"/> Other _____	

Customer Intake Form

Application Date: _____

Notice of Privacy Practice Signed: _____

APPLICANT		Social Security Number:											
Name:						DOB:				Age:			
Current Address:													
Housing Type:	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Other Permanent Housing		<input type="checkbox"/> Homeless		<input type="checkbox"/> Other						
Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried				Household Size						
	<input type="checkbox"/> Divorced	<input type="checkbox"/> Windowed	<input type="checkbox"/> Other										
Home/Mobile Phone:				Work Phone:									
Employer:				Employer Address:									
Email address: _____													
Household Type: <input type="checkbox"/> Single Parent Female <input type="checkbox"/> Single Parent Male <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adult No Children <input type="checkbox"/> No Related Adults with Children <input type="checkbox"/> Multigenerational Household <input type="checkbox"/> Other													
Please check all household benefits: <input type="checkbox"/> Snap <input type="checkbox"/> WIC <input type="checkbox"/> LIHEAP <input type="checkbox"/> HCVP <input type="checkbox"/> Public Housing <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Permanent Supportive Housing Program <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act Subsidy													

Household Information

Name	Gender	Age	Race	Military	Monthly Income	Source of Income	Education	Disabled	Health Insurance
				Veteran Active Military	Amount	TCA SSDI SSI Pension Unemployment Employment Other Income	Grade 0-8 Grade 9-12 (non-graduate) High School/GED 12 grade + College Graduate Masters +	Yes No	Medicaid Medicare State Military Direct- Purchase Employment Based
1.									
2.									
3.									
4.									
5.									

*Ethnicity: Hispanic, Latino or Spanish Origins

Non-Hispanic, Latino or Spanish Origins

Additional Household Members:

Name	Gender	Age	Race	Military Veteran Active Military	Monthly Income Amount	Source of Income TCA SSDI SSI Pension Unemployment Employment Other Income	Education Grade 0-8 Grade 9-12 (non-graduate) High School/GED 12 grade + College Graduate Masters +	Disabled Yes No	Health Insurance Medicaid Medicare State Military Direct- Purchase Employment Based
6.									
7.									
8.									

I affirm the information I have provided on this intake and attached pages and all information submitted in support of this intake are true, correct, and complete. I understand I can be penalized by fine and or imprisonment for making false statements. My signature below authorizes the verification of my wages and grants permission to contact any parties necessary to verify the information that I have provided. I further understand that my receipt of benefits services is contingent upon the availability of general funds and technical resources as on my income re-verification if it changes between the date of certification and services.

Applicant's Signature: _____

Date: _____

I affirm that this application is to the best of my knowledge and belief is properly completed:

Signature of Intake Worker: _____

Date: _____

Staff Use Only

Monthly Income: _____

Yearly Income: _____

Level of Household Income:

Up to 50% _____	101%-125% _____
51%-75% _____	126%-150% _____
76%-100% _____	151%-175% _____

Other: _____

Comments:

Initials _____

