

Community Services Agency Development Corporation

Central Intake Application - Page 1
 Revised 1/05/2009

1090 E. 8th Street. Reno, NV 89512

Phone: (775) 786-6023

Fax: (775) 333-8684

Applicant's Information - Please complete the following information for the primary applicant

First Name		M. Initial	Last Name		Suffix	Date of Birth / /		
Social Security Number		Gender	Ethnicity	Race (mark all that apply)				
- -		<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic	<input type="radio"/> Asian <input type="radio"/> Pacific Islander	<input type="radio"/> Black <input type="radio"/> White	<input type="radio"/> Native American <input type="radio"/> Specify: _____		
Primary Language	English Proficiency		Marital Status		Housing			
	<input type="radio"/> None <input type="radio"/> Moderate	<input type="radio"/> Poor <input type="radio"/> Proficient	<input type="radio"/> Single <input type="radio"/> Divorced	<input type="radio"/> Married <input type="radio"/> Widowed	<input type="radio"/> Rent <input type="radio"/> Homeless	<input type="radio"/> Own <input type="radio"/> Other	<input type="radio"/> Home Owners Association	
Primary Phone		Phone Type		Secondary Phone		Phone Type		
() -		<input type="radio"/> Home <input type="radio"/> Work	<input type="radio"/> Cell <input type="radio"/> Message	() -		<input type="radio"/> Home <input type="radio"/> Work	<input type="radio"/> Cell <input type="radio"/> Message	
Living Address					Unit	City	State	
Mailing Address (if different from Living Address)					Unit	City	State	
Type of Dwelling								
<input type="radio"/> Apartment		<input type="radio"/> Single family house		<input type="radio"/> Condo/Townhouse		<input type="radio"/> Duplex/triplex/4-plex		
<input type="radio"/> Mobile home/trailer		<input type="radio"/> Motel/hotel/car		<input type="radio"/> Shelter		<input type="radio"/> Park/Street/Car		
Highest Level of Education Completed				Present Employment Status			Disabled	
<input type="radio"/> Grade 9 or less <input type="radio"/> HS Diploma/GED <input type="radio"/> Associate's Degree <input type="radio"/> Master's Degree				<input type="radio"/> Full-time (+35 hours/week) <input type="radio"/> Part-time (-35 hours/week) <input type="radio"/> Retired or Disabled			<input type="radio"/> Seasonally Employed <input type="radio"/> Training or School <input type="radio"/> Unemployed	<input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> High School Non-Graduate <input type="radio"/> Some College <input type="radio"/> Bachelor's Degree				Employer Name: _____				
Applicant's Primary Income Source					Monthly Amount	Period Received		
<input type="radio"/> Employment <input type="radio"/> Social Security <input type="radio"/> Pension					\$ _____	From: / /		
<input type="radio"/> Unemployment <input type="radio"/> SSI <input type="radio"/> Child Support						To: / /		
<input type="radio"/> No Income <input type="radio"/> TANF <input type="radio"/> Specify: _____								
Applicant's Secondary Income Source					Monthly Amount	Period Received		
<input type="radio"/> Employment <input type="radio"/> Social Security <input type="radio"/> Pension					\$ _____	From: / /		
<input type="radio"/> Unemployment <input type="radio"/> SSI <input type="radio"/> Child Support						To: / /		
<input type="radio"/> No Income <input type="radio"/> TANF <input type="radio"/> Specify: _____								

Insurance Coverage Information

Primary Health Coverage			Secondary Health Coverage		
<input type="radio"/> None	<input type="radio"/> Medicaid	<input type="radio"/> Medicare	<input type="radio"/> None	<input type="radio"/> Medicaid	<input type="radio"/> Medicare
<input type="radio"/> Private	<input type="radio"/> Nevada Check Up		<input type="radio"/> Private	<input type="radio"/> Nevada Check Up	
<input type="radio"/> Specify: _____			<input type="radio"/> Specify: _____		

Miscellaneous Questions

Does anyone in the home receive any of the following services?

- WIC
- Food Stamps
- Early Head Start
- Energy Program assistance
- Section 8 housing
- Foster Care Subsidy
- HUD housing

Primary Type of Transportation

- Private Vehicle
- Walk
- Vehicle of Friend or Relative
- Other: _____
- Public Transportation

How many people live in your home?

Adults: _____

Children: _____

Who referred you to us?

- Family
- Friend
- Outside Agency Referral
- CSA / HS Internal Referral
- Community Events
- Poster / Flyer
- Television
- Newspaper
- Phone Book
- Radio
- Internet Website
- Other

Program Applicant Disclosure Statement (Signature Required)

I hereby declare that the information contained in this application for program services is true and correct to the best of my knowledge and understanding. No false or misleading statements have been made by me or anyone representing me. The acceptance of the application does not guarantee that services will be performed under any program, and that services are dependent on many things including accurate applications, availability of funding and a determination that the applicant qualifies for the program.

I hereby release, discharge, exonerate Community Services Agency, their agents and representatives and any person furnishing information or examining information from any and all liability of every nature and kind arising out of the furnishing and inspection of such documents, records and other information, and this release shall be binding on my legal representatives, heirs and assigns. I additionally authorize Community Services Agency and their agents and representatives to use the information that I have provided aggregated with other customers and clients of Community Services Agency for any and all reporting and funding purposes.

Applicant's Signature: _____

Today's Date: _____

Community Services Agency, its agents, partners and funding sources do not discriminate on the basis of race, color, sex, age, religion, national origin, disability, marital status, sexual orientation or ancestry, or any other consideration made unlawful by applicable discrimination laws. "The USDA is an equal opportunity provider and employer."

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Revised 1/5/2009

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Additional Household Member - Please complete the following information for all members of the household

First Name	M. Initial	Last Name	Suffix	Date of Birth
				/ /

Relationship to the Applicant

Spouse
 Significant Other
 Parent/Guardian
 Child
 Other Relative
 Other Non-Relative
 Sibling

Social Security Number Gender Ethnicity Race (mark all that apply)

- -
 Male Hispanic
 Asian Black Native American
 Female Non-
 Pacific Islander White Specify: _____

Primary Language English Proficiency Marital Status Household Member Status

None Poor
 Single Married
 Moderate Proficient
 Divorced Widowed
 Secondary Adult Child
 Other Adult

Highest Level of Education Completed Present Employment Status Disabled

Grade 9 or less High School Non-Graduate
 Full-time (+35 hours/week) Seasonally Employed Yes
 HS Diploma/GED Some College
 Part-time (-35 hours/week) Training or School No
 Associate's Degree Bachelor's Degree
 Retired or Disabled Unemployed
 Master's Degree
 Employer Name: _____

Other Household Member's Primary Income Source Monthly Amount Period Received

Employment Unemployment No Income
 Social Security SSI TANF \$ _____
 Pension Child Support Specify: _____
 From: / /
 To: / /

Other Household Member's Income Source Monthly Amount Period Received

Employment Unemployment No Income
 Social Security SSI TANF \$ _____
 Pension Child Support Specify: _____
 From: / /
 To: / /

Insurance Coverage Information

Primary Health Coverage Secondary Health Coverage

None Medicaid Medicare
 None Medicaid Medicare
 Private Nevada Check Up
 Private Nevada Check Up
 Specify: _____ Specify: _____