

Coconino County Community Services Intake

Date of Visit: _____

Total # in Household: _____

Do you work for Coconino County? _____ Yes or No If yes, what department? _____

Does any family member work for Coconino County? _____ Yes or No If yes, what department? _____

Do you live on a reservation? ___ Yes ___ No If yes, which one? _____

Assistance requested: ___ Utility Bills ___ Rent ___ Wood ___ Propane ___ Utility Deposits ___ Mortgage

If Utility Deposits:

Electric Account # _____ Deposit Amount: _____

Gas Account # _____ Deposit Amount: _____

HEAD OF HOUSEHOLD:

| First Name | M.I. | Last Name | SSN# | Veteran Y or N | Gender F or M | Date of Birth MM/DD/YEAR | Disabled Y or N | Race | Health Insurance Y or N (Type) |
|------------|------|-----------|------|-------------------|------------------|-----------------------------|--------------------|------|--------------------------------------|
| | | | | | | | | | |

Physical Address: _____

_____ (house number, city, and zip code)

Mailing Address: (if different from above): _____

Phone #: _____

Email address: _____

Do you have a Smart Phone? ___Yes ___ No

Would you accept texts as a way to contact you? ___ Yes ___ No

Date moved to Coconino County: _____

MM/DD/YEAR

Date moved to Arizona: _____

MM/DD/YEAR

| 0-8 th Grade | 9-12 th Grade | HS Graduate | GED | 12+ some postsecondary | 2-4 Year College Graduate |
|-------------------------|--------------------------|-------------|-----|------------------------|---------------------------|
| | | | | | |

| Rent | Own | Homeless | Other (please indicate) |
|------|-----|----------|-------------------------|
| | | | |

| Single Parent | Two-Parent Household | Single Person | Adults No children | Mixed Adults w/children | Grandparent Raising grand child | Extended Family | Other: |
|---------------|----------------------|---------------|--------------------|-------------------------|---------------------------------|-----------------|--------|
| | | | | | | | |

| Name | Employer/Source of Income | Address/Phone # | Frequency of Pay (Weekly, Bi-Weekly, Monthly, etc.) | Employed, Full-time, Part-Time, On-Call, Seasonal | If Unemployed, when was your last date of work? |
|------|---------------------------|-----------------|---|---|---|
| | | | | | |

PLEASE COMPLETE (even if you're not applying for housing assistance):

| Landlord's Name | Address | Telephone # | Fax # (if available) | Name of Mortgage Company |
|-----------------|---------|-------------|----------------------|--------------------------|
| | | | | |

Do You Live in Subsidized Government Housing (conventional or Section 8)? Yes or No
 If Yes, do you receive a separate check for your utilities? Yes No

YOU MUST PROVIDE YOUR CURRENT SECTION 8 WORKSHEET THAT INDICATES UTILITY ALLOWANCE.

ADDITIONAL FAMILY MEMBERS:

| First Name | M.I. | Last Name | SSN# | Veteran Y or N | Gender F or M | Date of Birth MM/DD/YY | Disabl ed Y or N | Last School Grade Completed | Race | Health Insurance Y or N (Type) | Relationship to Head of Household |
|------------|------|-----------|------|-------------------|------------------|---------------------------|------------------------|-----------------------------------|------|---|---|
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OTHER FAMILY MEMBER'S HOUSEHOLD INCOME:

| Name of Family Member | Employer/Source of Income | Address/Phone # | Frequency of Pay (Weekly, Bi-Weekly, Monthly, etc.) | Unemployed, Full-time, Part-Time, On-Call, Seasonal | If unemployed, when was your last date of work? |
|-----------------------|---------------------------|-----------------|---|---|---|
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Please explain in detail the crisis/circumstances you are currently experiencing:

INDICATE ALL INCOME AND OTHER BENEFITS RECEIVED IN THE LAST 30 DAYS (CHECK ALL THAT APPLY)

| Type of Income | Monthly Amount | Type of Income | Monthly Amount |
|--|----------------|---|----------------|
| <input type="checkbox"/> Employment | | <input type="checkbox"/> TANF | |
| <input type="checkbox"/> Unemployment | | <input type="checkbox"/> General Assistance | |
| <input type="checkbox"/> SSI | | <input type="checkbox"/> Retirement | |
| <input type="checkbox"/> SSDI | | <input type="checkbox"/> Veteran's Pension | |
| <input type="checkbox"/> Veteran's Disability | | <input type="checkbox"/> Pension from Job | |
| <input type="checkbox"/> Private Disability | | <input type="checkbox"/> Child Support | |
| <input type="checkbox"/> Worker's Compensation | | <input type="checkbox"/> Alimony or other spousal support | |
| <input type="checkbox"/> Self-Employment | | <input type="checkbox"/> School Grants/Scholarships/Loans | |
| <input type="checkbox"/> SNAP (food stamps) | | <input type="checkbox"/> Adoption/Guardianship Stipend | |

NOTES:

Indicate ALL NON CASH Received or in Need of IN THE LAST 30 DAYS (check all that apply)

| | |
|---|---|
| <input type="checkbox"/> MEDICAID | <input type="checkbox"/> SNAP - Food Assistance |
| <input type="checkbox"/> MEDICARE | <input type="checkbox"/> Clothing Voucher Referral |
| <input type="checkbox"/> AHCCCS | <input type="checkbox"/> Career Center Referral |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Navajo Career Center/Self-Reliance Referral |
| <input type="checkbox"/> HEAD START | <input type="checkbox"/> Child Support Enforcement Referral |
| <input type="checkbox"/> Salvation Army | <input type="checkbox"/> NACOG (Weatherization Services/Senior Services) Referral |
| <input type="checkbox"/> Catholic Charities | <input type="checkbox"/> Both Hands and/or Save Our Home Program |
| <input type="checkbox"/> St. Vincent DePaul | <input type="checkbox"/> DNA Legal Services |
| <input type="checkbox"/> Your Local Church | <input type="checkbox"/> Other |

| Main Heating Fuel Type? (Electric, Gas, Propane) | Name of Company | Account Number | Disconnected, Shut-Off Fuel? (Y,N) | Past Due, Shut-off Notice, Nearly out of Fuel? (Y,N) | Electric Company Name (If not Main heating Source) | Account Number |
|--|-----------------|----------------|------------------------------------|--|--|----------------|
| | | | | | | |

Notes: _____

APPLICANT’S STATEMENT OF TRUTH

Under penalty of perjury and acknowledged by my signature below, I swear and affirm that the statements made regarding the persons in my home, and the income, resources, and all other items that pertain to my possible eligibility for benefits are true and correct to the best of my knowledge.

Bajo penalidad de perjurio v reconocido por mi firma abajo, yo juro o afirmo que las declaraciones hechas en cuanto a las personas en mi hogar, y los ingresos, los recursos, propiedad y todas cosas demas que pertenecen a mi elegibilidad posible por beneficios son verdades y ciertas segun mi leal entender y saber.

Signature _____

Date _____



9/17/15