



ULSTER COUNTY COMMUNITY ACTION COMMITTEE, INC.
 70 Lindsley Ave., Kingston, NY 12401 (845) 338-8750
 www.uccac.org

FOR UCCAC Use Only	
Date:	
# in household:	
# of children:	

Customer Intake Form & Data Collection Package

→ TO BE COMPLETED BY THE CUSTOMER:

Today's Date: _____

Name: <small>(Last, First, MI)</small>		Date of Birth:		Age Band: check one below: 0-5 <input type="checkbox"/> 18-24 <input type="checkbox"/> 55-69 <input type="checkbox"/> 6-13 <input type="checkbox"/> 25-44 <input type="checkbox"/> 60-64 <input type="checkbox"/> 14-17 <input type="checkbox"/> 45-54 <input type="checkbox"/> 65-74 <input type="checkbox"/> Unknown <input type="checkbox"/> 75+ <input type="checkbox"/>
Address:		Gender: <small>(M/F/Other/Unknown)</small>		
City, ST, Zip:		Disabled: <small>(Y/N/Unknown)</small>		
Telephone #:		# in Household:		
Monthly Income: \$				County: (please check one) Ulster <input type="checkbox"/> Sullivan <input type="checkbox"/>

→ SERVICES BEING REQUESTED BY THE CUSTOMER:

Primary Language Spoken in the Home: _____

<input checked="" type="checkbox"/>	Weatherization	<input checked="" type="checkbox"/>	Emergency Food Pantry	<input checked="" type="checkbox"/>	Health Insurance	<input checked="" type="checkbox"/>	Thrift Store
<input type="checkbox"/>	EmPower	<input type="checkbox"/>	Transportation <small>(Med or Regular)</small>	<input type="checkbox"/>	Housing Assistance	<input type="checkbox"/>	Employment Assistance
<input type="checkbox"/>	Head Start	<input type="checkbox"/>	Utility Assistance	<input type="checkbox"/>	VITA Tax Services	<input type="checkbox"/>	Immigration Assistance
<input type="checkbox"/>	Early Head Start	<input type="checkbox"/>	Dress for Success	<input type="checkbox"/>	HEAP Assistance	<input type="checkbox"/>	Other: _____

→ CHECK THE FOLLOWING OPTIONS THAT PERTAIN TO YOUR BACKGROUND AND/OR FAMILY SITUATION OF THE CUSTOMER:

Race:	<input checked="" type="checkbox"/>	Household Type:	<input checked="" type="checkbox"/>	Education:	<input checked="" type="checkbox"/>	Housing:	Enter Amounts Below:
African-American/Black		Single Parent/Female		0-8 th Grade		Renter: \$	
Caucasian/White		Single Parent/Male		9 th – 12 th (non-Grad)		Owner: \$	
Hispanic/Latino		Two Parent Household		HS Graduate		Homeless: (Y/N)	
Native American/Alaska Native		Single Person		GED		Other, specify below:	
Asian		2 Adults & No Children		12+/Post HS Training		Ethnicity: <input checked="" type="checkbox"/>	
Native Hawaiian/other Pacific Islander		Non-related adults with children		Some (2-4yrs) College		Hispanic, Latino or Spanish Origins <input type="checkbox"/>	
Other		Multigenerational Household		College Graduate		Not Hispanic, Latino or Spanish Origins <input type="checkbox"/>	
Multi-Race (2 or more)		Other		Unknown		Unknown <input type="checkbox"/>	
Health Insurance Sources:		Unknown		Other Characteristics:		Work Status: (individuals 18 yrs+)	
Medicaid		Employment Based		Farmer		Employed Full-Time:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medicare		Unknown		Migrant Farm Worker		Employed Part-Time:	<input type="checkbox"/> Yes <input type="checkbox"/> No
State Children's Health Insurance Program		Household Size:		Seasonal Worker		Unemployed >= 6 mons:	<input type="checkbox"/> Yes <input type="checkbox"/> No
State Health Insurance for Adults		Single Person		Teen Parent		Unemployed <= 6 mons:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Military Healthcare		Two		Military (Active)		Unemployed (not in labor force):	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Three		Veteran		Retired:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Direct-Purchase		Four or More: (specify)		Military Service Unknown		Disconnected Youths:	
						Youths ages 14-24 who are neither working or in school	

Source Household Income:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Income from Employment Only	<input checked="" type="checkbox"/>	No Income <input type="checkbox"/>
Employment & other Income Source	<input type="checkbox"/>	Non-Cash Benefits <input type="checkbox"/>
Employment, Other & Non-Cash Benefits	<input type="checkbox"/>	Unknown <input type="checkbox"/>
Employment & Non-Cash Benefits	<input type="checkbox"/>	
Other Income Source Only	<input type="checkbox"/>	
Other Income & Non-Cash Benefits	<input type="checkbox"/>	

Non-Cash Benefits:	✓	Other Income Source:	✓
SNAP		TANF	
WIC		Supplemental Security Income (SSI)	
LIHEAP		Social Security Disability Income (SSDI)	
Housing Choice Voucher		VA Service-Connected Disability Compensation	
Public Housing		VA Non-Service Connected Disability Pension	
Permanent Supportive Housing		Private Disability Insurance	
HUD-VASH		Workers' Compensation	
Childcare Voucher		Retirement Income from Social Security	
Affordable Care Act Subsidy		Pension	
Other		Child Support	
Unknown		Alimony or other spousal support	
		Unemployment Insurance	
		EITC	
		Other	
		Unknown	

→ Other Household Member Information from the Customer: **(DO NOT INCLUDE YOURSELF!)**

Name:	DOB:	Relationship	M/F	Disabled (Y/N)	Ethnicity	Education Level	SNAP	Health Ins.	Vet (Y/N)	Source of Income (\$)

Because your personal information is held in the strictest of confidence, we will only share information with a signed **RELEASE OF INFORMATION** form (included in this package).

DECLARATION

I, the undersigned customer, do solemnly swear that the above information is true, correct and complete to the best of my knowledge. I understand that any false statements or misrepresentation may result in my being found ineligible for program participation, up to an including termination from a program. I consent to any inquiries to verify or confirm the information provided on this application.

Signature of Customer:		Date:	
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TO BE COMPLETED BY UCCAC, INC., EMPLOYEES <-----

Med Card Copy:		Both sides of medical card copied. Medical Provider:
Level of Income: % of Federal Poverty Level	✓	If over the 125%: _____ Outreach Funds _____ Other sources (Please list)
Under 75%		
Under 100%		
Under 125%		Care Managers/Program Director's Initials: _____ Date: _____
Under 150%		70 Lindsley Ave., Kingston, NY 12401 • 845-338-8750 • fax: 845-338-7502 • www.uccac.org A United Way member Agency serving Ulster County since 1965!
Over 150%		

AUTHORIZATION TO RELEASE INFORMATION FORM

Ulster County Community Action Committee, Inc.
70 Lindsley Ave. Kingston, NY 12401
Phone: (845)338-8750 Fax (845)338-0223

Customer's Name: _____ Date of Birth: ____/____/____

I hereby authorize Ulster County Community Action Committee, Inc., to obtain the following: (check one):

_____ Obtain from the following: _____

_____ Release to the following: _____

Name:

Address:

The following documents/information from the records pertaining to services received

Date of Service: ____/____/____

The documents to be released are described or listed as:

The records are required for the specific purpose of:

I understand that my authorization will remain effective from the date of my signature until **09/30/19 (for CSBG Services)** and that the information will be handled confidentially in compliance with all applicable federal laws.

I understand that I may see the information that is to be sent, and that I may revoke the authorization at any time by written, dated communication.

I have read and understand the nature of this release.

Signature of Customers and/or Designated Representative

Date

Witness

Date

SELF-DECLARATION OF NO INCOME

I, _____ (parent/guardian/applicant) attest that the following members in my house who are 18 years or older are not employed and have zero (0) income. I give Ulster County Community Action Committee, Inc., permission to obtain information from the Department of Social Services and or any other agency.

Please list all members 18 years or older who have zero income:

Family Members Name	Last Date of Employment	Facility Previously Employed

How are your family needs being met?

Service	
Housing/Shelter	
Food	
Clothing	
Utilities	

I, the undersigned customer, do solemnly swear that the above information is true, correct and complete to the best of my knowledge. I understand that any false statements or misrepresentation may result in my being found ineligible for program participation, up to an including termination from a program. I consent to any inquiries to verify or confirm the information provided on this application.

Customer Signature

Date