



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

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:		
Social Security #:		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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Weatherization		Emergency Food Pantry		Health Insurance		Thrift Store	
EmPower		Transportation <small>(Med or Regular)</small>		Housing Assistance		Employment Assistance	
Head Start		Utility Assistance		VITA Tax Services		Immigration Assistance	
Early Head Start		Dress for Success		HEAP Assistance		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:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medicare		Unknown		Migrant Farm Worker		Employed Part-Time:	Yes <input type="checkbox"/> No <input type="checkbox"/>
State Children's Health Insurance Program		Household Size:		Seasonal Worker		Unemployed >= 6 mons:	Yes <input type="checkbox"/> No <input type="checkbox"/>
State Health Insurance for Adults		Single Person		Teen Parent		Unemployed <= 6 mons:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Military Healthcare		Two		Military (Active)		Unemployed (not in labor force):	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Three		Veteran		Retired:	Yes <input type="checkbox"/> No <input type="checkbox"/>
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"/>	<input checked="" type="checkbox"/>
Income from Employment Only		No Income	
Employment & other Income Source		Non-Cash Benefits	
Employment, Other & Non-Cash Benefits		Unknown	
Employment & Non-Cash Benefits			
Other Income Source Only			
Other Income & Non-Cash Benefits			

Non-Cash Benefits:	<input checked="" type="checkbox"/>	Other Income Source:	<input checked="" type="checkbox"/>
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)	Social Security #	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
Over 150%		A United Way member Agency serving Ulster County since 1965!

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: ____/____/____

Customer's Social Security Number: _____ - _____ - _____

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's 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