



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

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

Intake and Data Collection Application

→ 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"/>	<input checked="" type="checkbox"/>	<input checked="" 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:	<input type="checkbox"/> <input type="checkbox"/>
State Children's Health Insurance Program		Household Size:		Seasonal Worker		Unemployed >= 6 mons:	<input type="checkbox"/> <input type="checkbox"/>
State Health Insurance for Adults		Single Person		Teen Parent		Unemployed <= 6 mons:	<input type="checkbox"/> <input type="checkbox"/>
Military Healthcare		Two		Military (Active)		Unemployed (not in labor force):	<input type="checkbox"/> <input type="checkbox"/>
		Three		Veteran		Retired:	<input type="checkbox"/> <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 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:	✓	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%		
Over 150%		<i>A United Way member Agency serving Ulster County since 1965 and now in Sullivan County since 2017!</i>