

NCIDC LIHEAP CLIENT INTAKE and REGISTRATION
NCIDC 01/05

Reservation: _____

1b. Reg. Num.	2. Name Last First	MI	SF	3. SSN	4. County	5. Intake Date
6. Home Address			Apt. Num	City	State	7. Zip Code
9. Mailing Address (if different from Home Address)				City	State	10. Zip Code
12. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		13. Date of Birth		14. Ethnicity/Race - Mark one of the following Racial groups		11. Message Num
15. Other Characteristics - Mark only those applicable to the Client: <input type="checkbox"/> No Health Insurance <input type="checkbox"/> Client is Disabled <input type="checkbox"/> Client is a Veteran		<input type="checkbox"/> Native Am. Indian/Alaskan <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Other		Mark one of the following Ethnic groups		
				<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		
17. Education - Mark Highest grade completed by Clients age 24+: <input type="checkbox"/> 0 to 8th Grades <input type="checkbox"/> 9th to 12th Grade - NonGraduate <input type="checkbox"/> High School Grad or E+GED <input type="checkbox"/> 12th plus some Post Secondary <input type="checkbox"/> 2 or 4 Yr College Graduates		16. Family Type - Mark one of the following Family Types which best describes the Client's current Family arrangement:				
		<input type="checkbox"/> Single Parent Female <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Single Person <input type="checkbox"/> Single Parent Male <input type="checkbox"/> Two Adults No Children <input type="checkbox"/> Other Family Type				
19. Housing - Mark one to indicate the description of the Client's current residence: <input type="checkbox"/> Own Home <input type="checkbox"/> Homeless <input type="checkbox"/> Rent <input type="checkbox"/> Other Hsing		18a. Family Size - Enter size of the Client's current Family Unit inc. client.		18b. Enter number of family members in each Category.		
		<input type="checkbox"/> Family Size		<input type="checkbox"/> # 60 yrs or older <input type="checkbox"/> # Disabled <input type="checkbox"/> # 2 yrs. or under	<input type="checkbox"/> # 3 to 5 yrs. <input type="checkbox"/> # 6 to 18 yrs.	
21. Other Family Characteristics - for Clients receiving Food Stamps, Farm Families or MSFW Families <input type="checkbox"/> Recv Food Stamp <input type="checkbox"/> Farmer <input type="checkbox"/> Migrant Farmwrkr <input type="checkbox"/> Seasonal Farmwrkr <input type="checkbox"/> Resrvtn/Rnchria Resident		20. Source(s) of Family Income - Mark all types of income received by all related persons living in the Client's Household, if any,:				
		<input type="checkbox"/> No Income <input type="checkbox"/> Social Security <input type="checkbox"/> Unemp Insur <input type="checkbox"/> TANF <input type="checkbox"/> Pension <input type="checkbox"/> Employ plus Other <input type="checkbox"/> Other <input type="checkbox"/> SSI <input type="checkbox"/> Gen Asstance <input type="checkbox"/> Employ Only				
22a. Income Computation -Enter Total Gross Monthly Income for all persons living in the Household		22b. Type of Assistance Requested			23. Certification by Submitting Agency (please print)	
TANF \$ _____ SSI/SSP \$ _____ SSA \$ _____ Wages \$ _____ Pensions \$ _____ GA/GR \$ _____ Interest \$ _____ Other \$ _____ Total \$ _____		Vendor _____ ACCT# _____ Wood _____ Oil _____ Propane _____ Elect. _____ Name of Customer on Utility Bill: _____ _____ ___ Check if Utilities included in Rent or Submetered If energy-related crisis provide certification for: ___ Interruption of Service ___ Shut-Off Notice ___ Insufficient Funds for Delinquent Bill over 1 month			Intake Worker Name (please print) _____ Recommendation for payment benefit: \$ _____ Comments: _____	
24. CERTIFICATION: By signing this document I am certifying that all information provided orally and on this application form is true to the best of my knowledge. I further acknowledge that this information is subject to verification and that falsification of such information shall be grounds for my termination from any program in which I am participating and may result in prosecution. I further certify that I am the only person in my household who has applied for these services.						
Applicant: _____		Date: _____		Staff: _____		Date: _____