

Washington County Community Action Council, Inc. - HMIS Intake Form

**Please check what you need assistance with today:**

- Court Eviction
- Homeless
- First Month's Rent
- Transportation
- Food
- Utility Termination
- Other (please state) \_\_\_\_\_

Physical Address: \_\_\_\_\_  
 City / State / Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_

Do you? (check one) : Rent  Own  Other  Monthly \$ of rent/mortgage: \_\_\_\_\_

Do you receive? (check if applies): Sec. 8  Housing Assis.  \$ \_\_\_\_\_

Are your utilities included?: Yes  No

Name (First / MI / Last) <small>First name listed is head of household</small>	SSN	Date of Birth MM/DD/YYYY	Race	Ethnicity - <small>H-Hisp. / Latino or O-other</small>	Gender	Level of education, grade, or degree	Disability? Y/N	Health Ins? Y/N	Veteran? Y/N

If any household member has health insurance please list them here and indicate the name of their insurance: \_\_\_\_\_

**Please check all types of income ALL household members are receiving within 30 days:**

- Child Support- \$ \_\_\_\_\_
- Food Stamps- \$ \_\_\_\_\_
- Pension- \$ \_\_\_\_\_
- SSDI- \$ \_\_\_\_\_
- SSI- \$ \_\_\_\_\_
- Unemployment- \$ \_\_\_\_\_
- VA benefits- \$ \_\_\_\_\_
- Wages- \$ \_\_\_\_\_
- Other- \_\_\_\_\_ \$ \_\_\_\_\_

I certify that the information on this application is correct and I also understand that receipt or assistance through misrepresentation or fraud is punishable by fine or imprisonment.  
 Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize the WCDSS, area shelters, local housing authorities, and any public or private service agency to release pertinent information to CAC that may assist me in receiving resources, guidance and/or other benefits. I also authorize CAC to release any pertinent information to any public or private service agency or individual only if it will impact eligibility for services from CAC or other public or private service agency. I understand this release may be revoked by me at any time, revocation must be signed and dated by me, and revoking this release will not affect information released prior to the revocation. This release of information will automatically expire one year from date of issue and does not affect information entered before expiration.  
 Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 CAC Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_