

DATE: \_\_\_\_\_

320-251-1612  
Toll Free 888-765-5597  
Fax 320-255-9518



1210 -23<sup>rd</sup> Ave S  
PO Box 683  
Waite Park, MN 56387

## Intake Form

Office use only CAP 60 Number: \_\_\_\_\_

Please complete for all family members. \*Use the Key below to complete the form.

| First, Middle, and Last Name | Relation-<br>ship | Birth Date | Social Security Number | Gender<br>Identitiy<br>M/F/O | Ed<br>Level<br>* | Disabled<br>Y / N | Race<br>* | Ethnicity<br>Hispanic<br>Y / N | Health<br>Ins.<br>Type<br>* | Military<br>Status<br>* | Work<br>Status<br>* | Dis-<br>connected<br>Youth<br>Y / N<br>* |
|------------------------------|-------------------|------------|------------------------|------------------------------|------------------|-------------------|-----------|--------------------------------|-----------------------------|-------------------------|---------------------|--|
|                              | SELF              |            |                        |                              |                  |                   |           |                                |                             |                         |                     |  |
|                              |                   |            |                        |                              |                  |                   |           |                                |                             |                         |                     |  |
|                              |                   |            |                        |                              |                  |                   |           |                                |                             |                         |                     |  |
|                              |                   |            |                        |                              |                  |                   |           |                                |                             |                         |                     |  |
|                              |                   |            |                        |                              |                  |                   |           |                                |                             |                         |                     |  |
|                              |                   |            |                        |                              |                  |                   |           |                                |                             |                         |                     |  |
|                              |                   |            |                        |                              |                  |                   |           |                                |                             |                         |                     |  |
|                              |                   |            |                        |                              |                  |                   |           |                                |                             |                         |                     |  |
|                              |                   |            |                        |                              |                  |                   |           |                                |                             |                         |                     |  |
|                              |                   |            |                        |                              |                  |                   |           |                                |                             |                         |                     |  |

### \*Key

**Education:** A – 0-8<sup>th</sup> grade B – 9-12<sup>th</sup>/Non -Graduate C – High School Diploma D –GED E – 12 + Some College F – 2/4 year College Grad G – Graduate other Post –Secondary School

**Race:** A – Asian B – Black M – Bi-racial/Multi-racial N – Native Hawaiian/Pacific Islander US – American Indian/Alaskan Native W – White O - Other:

**Health Insurance Type:** MA – Medicaid MC – Medicare SA – State Adult SC – State Children EMP – Employment Based VA - Military DP – Direct Purchase  
N -None O – Other:

**Military Status:** A – Active V – Veteran N – No Affiliation

**Work Status:** FT –Full Time PT –Part Time MW -Migrant Worker Ret-Retired LT -Unemployed More than 6 months U – Not in labor force ST –Unemployed less than 6 months

**Disconnected Youth:** Not working, Not in School (for 14-24 age group)

|   |  |  |                    |                          |
|---|--|--|--------------------|--------------------------|
| County of Residence:  | Address  | City   | State              | Zip                      |
| Email:  |  | Phone:   | Alternative Phone: |                          |
| <input type="checkbox"/> Check to receive communication via email   |  | <input type="checkbox"/> Check to receive communication via text message |                    |                          |
| <b>Housing:</b> <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless<br><input type="checkbox"/> Temporary Quarters <input type="checkbox"/> Other:<br><input type="checkbox"/> Other Permanent Housing | <b>Family Type:</b> <input type="checkbox"/> Single Parent Female <input type="checkbox"/> Single Parent Male <input type="checkbox"/> 2 Parent <input type="checkbox"/> Multi Gen.<br><input type="checkbox"/> Single Person <input type="checkbox"/> 2 Adults No Children <input type="checkbox"/> Non-Related Adults w/Children <input type="checkbox"/> Other: |  |                    | <b>Primary Language:</b> |
| Are you registered to vote at your current address? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know  |  |  |                    |                          |

Please complete for all family members. \*\*Use the Key below to complete the form.

| Family Member Name | Income Type<br>** | Monthly Income Amount |
|--------------------|-------------------|-----------------------|
|                    |                   |                       |
|                    |                   |                       |
|                    |                   |                       |
|                    |                   |                       |
|                    |                   |                       |

List all income for all household members. Types of income include:

**\*\*Key**

- **Wages**
- **Ret-Retirement Income**
- **RSDI-Retirement, Survivors, Disability Insurance**
- **Rent-Rental Income**
- **SS, SSI, SSDI-Social Security**
- **Pen-Pension/Annuity**
- **DIS-Long/Short Disability**
- **DFD-Contract for Deed Interest**
- **GA-General Assistance**
- **CS-Child Support**
- **MSA-MN Supplement Aid**
- **INT-Interest/Dividend Interest**
- **VA-Veterans Benefits**
- **AL-Alimony or Spousal Support**
- **DWP-Diversionary Work Payments**
- **Tribal-Tribal Bonus, Judgements or Per Capita Payments**
- **MFIP**
- **UC-Unemployment Compensation**
- **WC-Workers Compensation**
- **Other; please specify**

**Non-cash Benefits: Please circle if your household receives any of the following:**

- |                                   |  |   |  |   |
|-----------------------------------|--|---|--|---|
| <input type="checkbox"/> SNAP     | <input type="checkbox"/> WIC               | <input type="checkbox"/> Affordable Care Act Subsidy  | <input type="checkbox"/> Childcare Voucher | <input type="checkbox"/> Housing Choice Voucher (Section 8) |
| <input type="checkbox"/> HUD-VASH | <input type="checkbox"/> Energy Assistance | <input type="checkbox"/> Permanent Supportive Housing | <input type="checkbox"/> Public Housing    |   |

If you need assistance in completing this application to accommodate a disability, you may request an accommodation at any time by contacting Tri-CAP via telephone, fax or e-mail.

I have been informed of the Tri-CAP Appeal Process and my Data Privacy Rights through the Tri-CAP Tennessean Warning and have the right to request a copy of each.

In addition, I certify that the information provided on this application is true to the best of my knowledge.

Applicant Signature

Date