

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



1210 -23rd Ave S
PO Box 683
Waite Park, MN 56387

Intake Form

DATE: _____

Office use only CAP 60 Number: _____

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

*Key

Education: A – 0-8th grade B – 9-12th/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		
Housing: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless <input type="checkbox"/> Temporary Quarters <input type="checkbox"/> Other: <input type="checkbox"/> Other Permanent Housing	Family Type: <input type="checkbox"/> Single Parent Female <input type="checkbox"/> Single Parent Male <input type="checkbox"/> 2 Parent <input type="checkbox"/> Multi Gen. <input type="checkbox"/> Single Person <input type="checkbox"/> 2 Adults No Children <input type="checkbox"/> Non-Related Adults w/Children <input type="checkbox"/> Other:			Primary Language:
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 **	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 Tennesseen 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