



CAP-HC INTAKE FORM

SERVICES REQUESTED: (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Budget/credit Counseling | <input type="checkbox"/> Financial Management Workshop | <input type="checkbox"/> Homeless Family Support |
| <input type="checkbox"/> Employment Counseling | <input type="checkbox"/> Food Support | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Energy Assistance (EAP) | <input type="checkbox"/> Foreclosure Prevention | <input type="checkbox"/> Renter's Rights |
| <input type="checkbox"/> Eviction Prevention | <input type="checkbox"/> Home Ownership | <input type="checkbox"/> Reverse Mortgage (62+ only) |
| <input type="checkbox"/> Tax Preparation | <input type="checkbox"/> Savings Assistance (FAIM) | <input type="checkbox"/> Transportation Assistance |
| <input type="checkbox"/> MNSure Application | <input type="checkbox"/> Water Bill Assistance | <input type="checkbox"/> Other Needs? _____ |

CLIENT INFORMATION:

Date: _____ Social Security #: _____
 Name: _____ Age: _____
 Address: _____
 City: _____ State _____ Zip Code: _____ County: _____
 Phone#: _____ EMAIL: _____

1. How did you hear about us?

- | | | | |
|---|------------------------------------|--|--|
| <input type="checkbox"/> Mailer, Flyer, or Brochure | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Lender / Mortgage Company | <input type="checkbox"/> Agency (which): _____ |
| <input type="checkbox"/> Friend or Relative | <input type="checkbox"/> Internet | <input type="checkbox"/> CAP-HC Program: _____ | <input type="checkbox"/> Other: _____ |

Starting with yourself, list all people living in your home:

*****Codes for Race:** I = American Indian/ Alaskan Native **A** = Asian, **B** = Black or African American **P** = Native Hawaiian or other Pacific Islander **W** = White
I/W = American Indian AND White, **A/W** = Asian AND White **B/W** = Black/ African American AND White **I/B** = American Indian AND African
O = Other multi-race American **NR** = Choose not to respond

*****Codes for Health Insurance:** **N**=None **DP**=Direct-purchase **M**=Military **Mcare**=Medicare **Mcaid**=Medicaid **O**=Other **SC**=State Children **SA**=State Adult
I=Employment Based

***** Codes for Education:** **G**=Graduate of other post-secondary school **0-8** = 08 **NG**=9-12 Non-Graduate **G**=High School Graduate **GED**=GED **12+**=12th Grade and some post-secondary **CG**=2 or 4 years College Graduate

Household member names	Relationship to Head of Household	Birth Date mm/dd/yyyy	Do you have a Income Y/N	Race See Codes	Hispanic = Y Non-Hispanic = N	How do you identify as your Gender M/F	Education See Codes	Disability Y/N	Health Insurance See Codes	Veteran Y/N
(Self/Co-Applicant)										

2. Are you a U.S. citizen? Y N
3. Active Military? Y N
4. Veterans: Are you service connected? Y N If yes what percentage? _____
5. English Proficient: Is English Proficient Is not English Proficient
6. Do you need language assistance and/or an interpreter? Y N
7. Primary/Preferred Language:
- | | | | |
|------------------------------------|--|--|---|
| <input type="checkbox"/> English | <input type="checkbox"/> East Asian | <input type="checkbox"/> Middle Eastern and South Asian | <input type="checkbox"/> African: _____ |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Pacific Island | <input type="checkbox"/> Native North American/Alaska Native | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> European and Slavic | <input type="checkbox"/> Native Central American, South American and Mexican | |
8. Rural Status (Household): Does not live in rural area Lives in rural area
9. Residence Type: (check one)
- | | | | |
|---------------------------------|--|------------------------------------|---------------------------------------|
| <input type="checkbox"/> House | <input type="checkbox"/> Apartment/Condo | <input type="checkbox"/> Townhouse | <input type="checkbox"/> Mobile Home |
| <input type="checkbox"/> Duplex | <input type="checkbox"/> Triplex | <input type="checkbox"/> FourPlex | <input type="checkbox"/> Other: _____ |
10. Housing:
- | | | |
|-----------------------------------|------------------------------------|--|
| <input type="checkbox"/> Rent | <input type="checkbox"/> Own | <input type="checkbox"/> Other permanent housing |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Temporary | <input type="checkbox"/> Other: _____ |
11. Health Insurance:
- | | | | | |
|--|---|---|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> State children | <input type="checkbox"/> Military | <input type="checkbox"/> Medicare | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Direct-purchase | <input type="checkbox"/> State Adult | <input type="checkbox"/> Employment Based | <input type="checkbox"/> Medicaid | |
12. Household Size: _____ Household Annual Gross Income: \$ _____
13. Work Status:
- | | | |
|---|--|--|
| <input type="checkbox"/> Employed Full-Time | <input type="checkbox"/> Employed Part-Time | <input type="checkbox"/> Migrant Seasonal Farm Worker |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Unemployed (Not in Labor Force) | <input type="checkbox"/> Unemployed (Short-Term, 6 months or less) |
| <input type="checkbox"/> Unemployed (Long-Term, 6 months or more) | | |
14. Disconnected-Not working or in school: Y N
15. Income Type:
- | | | |
|--|--|--|
| <input type="checkbox"/> Wages \$ _____ | <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Weekly | <input type="checkbox"/> Pension \$ _____ |
| <input type="checkbox"/> Self-Employment \$ _____ | <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Weekly | <input type="checkbox"/> Unemployment \$ _____ |
| <input type="checkbox"/> MFIP \$ _____ | | <input type="checkbox"/> Social Security Income \$ _____ |
| <input type="checkbox"/> Supplemental Social Security (SSI) \$ _____ | | <input type="checkbox"/> Interest \$ _____ |
| <input type="checkbox"/> Long Term/ Short Term Disability \$ _____ | | <input type="checkbox"/> Other \$ _____ |
16. Family Type: (*check those that apply*)
- | | | |
|--|---|---|
| <input type="checkbox"/> Extended Family | <input type="checkbox"/> Two Parent Household | <input type="checkbox"/> Other |
| <input type="checkbox"/> Grandparents raising child(ren) | <input type="checkbox"/> Single Person | <input type="checkbox"/> Two or more adults (no children) |
| <input type="checkbox"/> Single Parent <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
17. Marital Status:
- | | | |
|----------------------------------|------------------------------------|---|
| <input type="checkbox"/> Single | <input type="checkbox"/> Married | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Widowed | <input type="checkbox"/> Separated | <input type="checkbox"/> Domestic Partner |

18. Referred to CAP-HC? Y N

a) If yes, by whom: _____

19. Do you and/or anyone who lives with you receive:

a) Supplemental Security Income (SSI) Y N b) General Assistance (GA) Y N

c) Minnesota Supplemental Aid (MSA)? Y N

20. Do you receive: a) Transition Year Child Care Y N b) Basic Sliding Fee Child Care Assistance? Y N

21. Did you apply for **HENNEPIN COUNTY EMERGENCY ASSISTANCE** for this situation?

- No, not familiar with program
- No, applied with the last year and not eligible to apply
- Yes, applied but waiting for outcome
- Yes, approved but need additional assistance
- Yes, but was denied
- Not Applicable
- Other: _____

22. Do you participate in: a) Diversionary Work Program (DWP) Y N b) Work Benefit (WM) Program? Y N

23. **Voter Registration:**

- I am registered to vote and don't need a form
- I am **NOT** registered to vote and need a voter registration form

24. **Please indicate the following:**

- I am a current employee of CAP-HC
- I am related to a CAP-HC employee
- I am a CAP-HC Board Member
- I am **NONE** of the above

Applicant Certification:

I certify that the statements contained in this application are true, accurate and complete to the best of my knowledge and belief.

Applicant Signature

Date

FOR INTAKE ONLY

Date: _____

Time: _____

Location: _____

CAP-HC Advisor's: _____

Community Action Partnership of Hennepin County (CAP-HC)

8800 Highway 7, #401, St. Louis Park, MN 55426 • 952-933-9639 • 952-933-8016-fax

Your Privacy Rights - Tennessean Warning

Minnesota law requires that you are informed about your rights regarding Private Information we collect from you. Personal information is Private Information under Minnesota Law. Private Information is information about you that can be shared only if you give us your permission or if a law allows or requires us to share that information. If other government agencies receive Private Information about you, they must also treat the information as Private.

Why do we ask for this information?

- Tell you from other persons with same/similar name
- Determine the services or assistance you may receive
- Determine if you are eligible for CAP-HC or other programs
- Make reports, do research, audits, and evaluate programs

We collect Private information about you to assist in providing you services in the following programs:

- | | | |
|--|--|--|
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| <input type="checkbox"/> Food Support | <input type="checkbox"/> Renter's Rights | <input type="checkbox"/> Other: _____ |

Do you have to answer questions we ask or provide information? What will happen if you do not?

Generally, you do not have to give us information. If you do not give us the Private Information requested, we may not be able to determine if you are eligible for CAP-HC programs and services.

Who else may see the information CAP-HC has about you?

The collection and use of Private Information CAP-HC collects is limited to information necessary to assist you in the program(s) to which you are applying or are enrolled. Private Information may be shared with:

- Federal, state, county and local government agencies from which CAP-HC receives funding or from which you have received or may receive services;
- Banks, credit bureaus, creditors or other financial institutions organizations necessary to provide services to you;
- Landlords, rental property managers, shelters, medical or other providers, related to services you receive from CAP-HC;
- Anyone under contract with us or a government agency or their relevant grantees to provide services or administer programs, including but not limited to:
 - Hennepin County Human Services and Public Health Department
 - Minnesota Housing Finance Agency, NeighborWorks
 - US Department of Housing & Urban Development
 - US Department of Health & Human Services, MN Department of Human Services
 - Other public agencies that provide funding to CAP-HC

You have the right to copies of information we have about you.

- You may ask CAP-HC if we have any information about you, ask for copies, and have that information explained to you.
- You may give other people permission in writing to see and have copies of information about you.
- You may ask for and receive a copy of CAP-HC's Data Practices policy.
- You have the right to question the accuracy and completeness of information CAP-HC has about you. If you think CAP-HC's information about you is not correct, you can contact CAP-HC to explain why and have a statement attached to any information CAP-HC sends to others with which you do not agree.



To exercise any of these rights or if you have any questions about the information on this Notice, you can speak with the CAP-HC employee who is working with you or contact: DATA PRACTICES OFFICER, Community Action Partnership of Hennepin County, 8800 Highway 7 Suite 401, St. Louis Park, MN 55426, phone # 952-697-1325.

I acknowledge that I have received this Notice and understand its content.

Name	Signature	Date
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Name	Signature	Date
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This Notice is available in other languages and formats upon request.

HECAT COUNSELORS ONLY

Verbal Acknowledgement is acceptable if information was provided to the client by Counselor if counseling is not provided face-to-face.

HECAT Services: at a minimum, clients must provide public data (e.g. name, address) to receive HECAT services. If a client refuses to provide public data the Counselor may not use HECAT funds to provide services.

The undersigned verifies that the client was fully informed of the information contained in this Tennessee Warning, understood its nature and received verbal acknowledgement of receipt of the information.

Client Name	Counselor Signature	Date Provided
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Copy mailed to client? Yes No

