



Camden County Council On Economic Opportunity, Inc.

HOUSEHOLD INTAKE ASSESSMENT

DATE: _____ NEW CLIENT _____ REPEAT CLIENT _____

NAME: _____ DOB: _____

SS#: _____ GENDER: _____

ADDRESS (Street, City, State, ZIPCode): _____

PHONE#: _____ EMAIL ADDRESS: _____

TOTAL GROSS MONTHLY INCOME: \$ _____

SOURCES OF INCOME: Employment Unemployment SSI SSDI SSA
 TANF GA Child Support Pension Self Employed Other _____
 No Income Veteran Fleeing Domestic Violence FOOD STAMPS: Yes No

(please check all that apply)

Race/Ethnicity	Family Type	Family Size	Marital Status	Housing Status
<input type="checkbox"/> Black/ AA	<input type="checkbox"/> Single Parent Fem	<input type="checkbox"/> 1 <input type="checkbox"/> 5	<input type="checkbox"/> Single	<input type="checkbox"/> Rent Home
<input type="checkbox"/> White/ CA	<input type="checkbox"/> Single Parent Male	<input type="checkbox"/> 2 <input type="checkbox"/> 6	<input type="checkbox"/> Married	<input type="checkbox"/> Rent Apt.
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Single Person	<input type="checkbox"/> 3 <input type="checkbox"/> 7	<input type="checkbox"/> Separated	<input type="checkbox"/> Motel
<input type="checkbox"/> Native American	<input type="checkbox"/> Adult Only	<input type="checkbox"/> 4 <input type="checkbox"/> 8+	<input type="checkbox"/> Divorced	<input type="checkbox"/> Home Owner
<input type="checkbox"/> Asian	<input type="checkbox"/> Adults w/ kids		<input type="checkbox"/> Widowed	<input type="checkbox"/> Live w/ others
<input type="checkbox"/> Indo-Asian				<input type="checkbox"/> Shelter
<input type="checkbox"/> Multi-Racial				<input type="checkbox"/> Homeless
<input type="checkbox"/> Other _____				

*****PLEASE PRINT AND COMPLETE ALL INFORMATION BELOW*****

Name (Last, First)	Relation to Applicant	Sex	DOB	SS#	Disabled Y/N	Health Insurance Coverage Y/N	Education Status (Grade or Highest Degree)
	SELF						



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1. What type(s) of assistance are you in need of? (Check all being requested)

- BACK RENT SECURITY DEPOSIT UTILITY MORTGAGE FOOD HOUSING

2. Have you ever applied for Rent, Utility, Mortgage or Food (SNAP) Assistance in the past 12 months? YES or NO

a) If yes, did you receive assistance? What type and through which agency?

b) Are you currently receiving or on a waiting list for any type of assistance through another agency (including HEA/USF)? (Explain)

3. What has caused your hardship? (Check all that apply)

- Medical Emergency Loss of Income Eviction Crime Homelessness Domestic Violence Natural Disaster (Flood, Fire, etc.) Other (specify):

Answer #4 ONLY if you are applying for Utility Assistance

4. What is the amount that you owe? \$

a) Do you have a shut-off notice? YES or NO

b) Do you have any money saved towards the amount owed? If yes, How much? \$

c) Have you attempted a payment arrangement with your utility company? YES or NO

d) Have you applied for HEA/USF for the current season? YES or NO

Answer #5 ONLY if you are applying for Back Rent Assistance OR Mortgage

5. How much is your monthly rent OR mortgage? \$

a. What is the amount that you are requesting assistance with? \$

b. Are you living in Subsidized or Section 8 housing? YES or NO

c. Do you have a Court Summons with a Docket # on it? YES or NO

If yes, what is the Docket #? LT- When is the court date?

If no, did you receive a late notice or intent to file an eviction? YES or NO

Answer #6 only if you are applying for Relocation Assistance

6. Are you currently homeless/ displaced (residing in an uninhabitable place, shelter or motel) OR evicted within the past 6 months?

a. Were you issued a Warrant of Removal or Notice of Ejectment/Eviction? YES or NO

b. When did this occur?

c. Have you located a potential unit to reside in? YES or NO

d. When is it available?

e. What is the amount of the security deposit requested? \$

f. How much is the monthly rent? \$



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RELEASE STATEMENT / Information Provided Statement

This form is contingent for the entire household; all adults must sign below!

I hereby agree to release CCCOEO – Agency Programs, its staff and/or its volunteers from any and all obligators or liabilities arising from performing any services for me or my family. I also verify that all of the information I have provided to CCCOEO is correct and accurate to the best of my knowledge.

Head of Household Print

Head of Household Signature

Date

Additional Adult

Date

Additional Adult

Date

Authorization for Release of Information

I understand that the purpose for the release of information is an assure adequate delivery and coordination of services and that information disclosed will be regarded as confidential by all representatives of CCCOEO – Agency Programs.

I hereby authorize discussions of any circumstances by those individuals and/or agencies with reference to my participation with CCCOEO – Agency Programs.

I hereby release permission for CCCOEO in partnership with Department of Community Affairs (DCA) to enter my personal information into the EmpowOr System. I understand that my information will remain in EmpowOr as part of the non-identifying data collected for the Community Service Block Grant (CSBG).

This authorization may be revoked by me in writing at any time; any information released prior to such revocation remains released in accordance with this authorization.

I have read and understand all of the above. This authorization was freely and voluntarily given.

Head of Household Print

Head of Household Signature

Date

Additional Adult

Date

Additional Adult

Date

Case Manager - Print/ Sign

Date



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******* FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE*******

Assigned Case Manager: _____ **Date:** _____

	Comments	Date
Initial contact w/ client		
Follow-up contact with client		

PROGRAM:

HPP	HDP	HPRP2	CHS	SSH	IDA
ESG	YAP	ACE	SUP HSG	HEA/WEA	FEP

II. Services Provided / Outcomes:

Put a checkmark next to the service the client came in for, showing if they are CSBG income eligible or not.

Category	CSBG Income Eligible	Non-CSBG Income Eligible
All Programs		
Individual Development Account	****	****
Employment Readiness	****	****
Education & Training	****	****
Energy Assistance	****	****
Emergency Payments to Vendors, including fuel and energy bill.		
Homeless Prevention	****	****
Emergency Payments to Vendors, including rent and mortgage payments.		
Permanent Supportive Housing/Emergency Shelter	****	****

Per CSBG Program Policy Bulletin #11-03, Camden County OEO is required to refer custodial single parents to the child support offices of the State and local governments for child support service.