



NENCAP does not discriminate on the basis of sex, age, religion, race, marital or veteran status, handicap or national origin.

Basic Intake Form (Rev. 5.2020)

Information below is provided for the household:

Number living in household:

Street Address:

Mailing Address:

City County

Zip Code Phone

Length of Stay @ Prior Residence

Zip Code of Prior Residence

Email:

Household type (Check one):

- Single Person Two Adults no children
Single Parent Two parent household (married)
Multi-Generational Non-Related adults with children

Housing Status (Check one):

- Category 1 – Homeless
Category 2 – At Imminent Risk of Losing Housing
Category 3 – Homeless only under other Federal Statutes
Category 4 – Fleeing Domestic Violence
At Risk of Homelessness
Stably Housed

Type of Residence (Check one):

- Client Owned (without Subsidy)
Client Owned (with subsidy)
Rental by Client (without Subsidy)
Rental by Client (with Subsidy)
HUD-VASH GDP/Tip RRH Subsidy
Section 8 HCV Voucher Other Subsidy
Staying or living with family member
Staying or living with friend
Hotel or motel paid for without emergency shelter voucher
Emergency Shelter, incl. hotel/motel w/ em. shelter voucher
Safe Haven
Place not meant for habitation
Transitional housing for homeless persons and youth
Foster Care Home or Foster Care Group Home
Permanent Housing for formerly homeless
Hospital or other non psychiatric medical facility
Substance abuse treatment or detox facility
Jail, Prison or juvenile detention
Long Term Care or Nursing Home
Psychiatric hospital or other Psychiatric facility
Residential project/halfway house with no homeless criteria
Host Home (non-crisis)

I certify that to the best of my knowledge the information contained herein is true and complete. I understand that the agency cannot condition decisions about my treatment or eligibility for benefits on whether or not I sign this authorization. A copy of this authorization should be as valid as the original.

Head of Household Signature Date

Agency Staff Signature Date

Head of Household information in this column:

Is your need for assistance due to COVID-19? YES NO

Name:

Date of Birth: SSN#

Gender (Check one): Male Female
Male to Female Female to Male Gender Non-Conforming

Race(Check all that apply): Asian American Indian/Alaska Native White
Black/African American Native Hawaiian/Pacific Islander

Ethnicity (Check one): Hispanic/Latino Non-Hispanic/Latino

Military Information (if applicable):

Active Military Yes No
Veteran Yes No
Year Entered Year Separated
Branch
Discharge Status
Theater of Operation (if applicable):
World War II Korean War Vietnam War
Persian Gulf Afghanistan Iraqi Freedom
Iraq-New Dawn Other Operation

Are you disabled: Yes No
If yes, long term: Yes No
Type: Physical Mental Developmental
Chronic Health HIV/AIDS Substance Abuse

Are you currently or ever been in Foster Care: Yes No

Are you/have you been the victim of Domestic Violence:

Yes No *If yes, when:
Currently fleeing: Yes No

Health Insurance Status (Check one):

United HealthCare(Medicaid) WellCare(Medicaid)
NE TotalCare(Medicaid) Medicare
SCHIP Employer Provided
VA/Military Benefits Private Pay-Direct Purchase
State Insurance for Adults None/Un-Insured

Education Level (Check one):

No schooling PreK-4th grade 5th-6th grade
7th-8th grade 9th grade 10th grade
11th grade 12th grade High School Diploma
GED Post-Secondary 2 or 4 Year College Degree
Graduate or other Post-Secondary Degree

Non-Cash Benefits Received (Check all that apply to HH):

SNAP WIC TANF Child Care
TANF Transportation Other TANF Other: _____

Employment Status (Check One): Fulltime Part-time

Retired Migrant Seasonal Farm Worker Not seeking
Unemployed <6 months Unemployed >6 months

Eligible for court ordered child support: Yes No

**If yes, list amount received per month:*

Income Received (List all income including wages, TANF, Unemployment, SSI, SSA, Alimony, Workmen's comp, etc):

\$ _____ Source _____
\$ _____ Source _____
\$ _____ Source _____