Customer Intake Form
Authorization for Assistance
EACH SECTION MUST BE COMPLETED FOR APPROVAL

Central Delta Community Action Agency
Helping People. Changing Lives.

Date: Click or tap to enter a date.

Last Name	First Name	MI	Sex	Age	Date of Birth
Address	**City**	**State**	**Zip**	**County**	**Phone Number**
Social Security Number _____ — **Are You Currently Employed?** ☐Yes ☐No	**Marital Status (check one)** ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed	**Veteran** ☐ Yes ☐ No	**SNAP** ☐ Yes ☐ No	**Disabled** ☐ Yes ☐ No	**Race** _____ — **Ethnicity** ☐ Hispanic ☐ Non-Hispanic

Education Level (check one): ☐0-8th grade ☐9th -12th grade ☐High School Graduate ☐GED ☐12th + Some College ☐ College Degree 2 or More Years

Household Type (check one): ☐Single Person ☐Single Parent Female ☐Single Parent Male ☐Two Parent Household ☐Two Adults No Children ☐Non-related Adults with Children ☐Multigenerational Household ☐ Extended Family ☐Temporary

Health Insurance (check one): ☐State Adult ☐State Children ☐Medicare ☐Medicaid ☐Private ☐VA ☐None ☐Other

Additional Household Members

Name	Relationship	DOB	Age	Race	Social Security #	Disabled Yes/No

Customer Intake Form
Authorization for Assistance
EACH SECTION MUST BE COMPLETED FOR APPROVAL

Central Delta Community Action Agency
Helping People. Changing Lives.

Income – List Income for ALL Household Members (Job, SSI, SSA, SSDI, TEA, Child Support, Alimony, Unemployment, Pension/Retirement, Worker's Compensation, VA Benefits, Housing Assistance, or any other Non-Work Income)
Please include copies of your income documentation.

Who is Employed?	Gross Amount	Employer/SSI/SSA, ETC.	How Often Paid? (Monthly, Bi-Weekly, ETC.)

Type of Assistance Requesting: (Check all that apply)

☐Electric Bill
☐Gas Bill
☐Water Bill
☐Rental Assistance
☐Diapers
☐Formula
☐School Supplies
☐Coat/Clothing
☐Hygiene/Her Wellness Supplies
☐Food Assistance
☐Transportation

Explanation for Needed Assistance:

☐Loss/Change in Income
☐Medical/Health Issues
☐Job Loss
☐Loss of Benefits
☐Homelessness
☐Seeking Employment
☐House Fire/Emergency/Natural Disaster
☐Birth/Additional family members in home
☐Housing Instability
☐Other, please explain:

_____
_____
_____
_____
_____

For Rental Assistance Only:
Landlord Name: _____Telephone #: _____
Landlord Address:
_____
City: _____ State: _____Zip: _____

Customer Intake Form
Authorization for Assistance

EACH SECTION MUST BE COMPLETED FOR APPROVAL

Central Delta Community Action Agency
Helping People. Changing Lives.

For Utility Assistance Only:

Account Holder Name:
_____Account #: _____

Relationship to Customer:
_____

Vendor Name: _____Telephone #:
_____

Vendor Address: _____City/State: _____

Zip: _____

Assistance Type	Amount	Frequency
Housing Assistance – Rent **(must be past due)**	Up to $300.00	Up to once per year
Utility Assistance – Electric, Gas, Water **(must be past due)**	Up to $150.00	Up to once per year
Nutrition Assistance – Food Voucher	Up to $75.00	Up to 4 times per year or every 3 months
Transportation Assistance	Up to $30.00	Up to 4 times per year or every 3 months
Diapers	1 Package	Up to 3 times per year
Baby Formula	1 Canister	Up to 3 times per year
School Supplies	Per Request	Up to once per year – 2nd Semester
Coat/Clothing	Per Request	Up to 3 times per year
Hygiene/Her Wellness Supplies	Per Request	Up to 3 times per year

CENTRAL DELTA COMMUNITY ACTION AGENCY RECEIVES FUNDING FROM VARIOUS AGENCIES. THESE AGENCIES REQUIRE THAT WE PROVIDE THEM WITH STATISTICAL INFORMATION ON OUR CUSTOMERS. YOUR ANSWERSTO THESE QUESTIONS WILL HELP US TO KEEP OUR FUNDING AND LOOK FOR ADDITIONAL WAYS TO HELP OUR COMMUNITY. WE WILL RESPECT YOUR PRIVACY. YOUR PERSONAL IDENTICICATION INFORMATION IS NOT RELEASED. WE ONLY REPORT NUMBERS OF CUSTOMERS SERVED, AGES, INCOME LEVELS AND OTHER STATISTICAL DATA.

I UNDERSTAND THE FOLLOWING:

-DISCLOSURE OF THE ABOVE INFORMATION IS VOLUNTARY AND WILL BE USED ONLY FOR IDENTIFICATION AND ELIGIBILITY DETERMINATION PURPOSES.
-THIS INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL UNLESS ITS RELEASE IS AUTHORIZED BY ME IN WRITING.
-GENERAL STATISTICAL INFORMATION COMPILED WITH OTHER HOUSEHOULDS WILL BE USED TO CREATE REPORTS FOR FUNDING SOURCES.
-THE SIGNED FORM IS SUBJECT TO PENALTIES FOR PERJURY.
-THE SIGNED FORM MAY BE USED AS A RELEASE OF INFORMATION NEEDED TO DETERMINE MY ELIGIBILITY FOR SERVICES.

Customer Intake Form
Authorization for Assistance

EACH SECTION MUST BE COMPLETED FOR APPROVAL

I CERTIFY THAT THE INCOME AND OTHER INFORMATION PROVIDED ON THIS FORM ARE CORRECT AT THE TIME OF THIS APPLICATION.

Central Delta Community Action Agency
Helping People. Changing Lives.

Customer Signature: _____Date: _____

CSS Signature: _____ Date: _____