



Saginaw County Community Action Committee, Inc.

Central Intake Application

Outreach Site: _____ **Tract/Profile #** _____

Name		Birthdate	Sex	Race	SS#		
Address		City	Zip code		Phone#		
Main Income Source	Monthly	Foodstamps	Ed. Level	Vet	Mcaid	Mcare	Other
2 nd Income Source	Monthly	Total HH Income	HH Size	Own	Rent		Other
Arthritis	Heart	Blood Pr.	Disabled	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other			

List **ALL** household Members and **ALL** sources of income for household.

NAME	SS#	DOB	Sex	Race	Income	Income Source
#2						
#3						
#4						
#5						

Total Household Income: \$ _____

Problem/Need

Emergency Contact					
Doctor					
Caseworker					

Are you related to, or do you have dealings with employees, agents, consultants, officers of council members of the City of Saginaw, or the CAC? Failure to disclose this information may result in disqualification for assistance. Yes No
 I have received HIPPA Information. Yes No

I, hereby authorize the Saginaw County Community Action Committee, Inc. or its agents to obtain and or exchange information, from any source, and/or Region VII which might qualify or disqualify me to receive services. This consent shall continue for a period not to exceed one year from the date of my signature, Penalty for false or fraudulent statement may be a fine of not more than \$10,000 or imprisonment for more than five years, or both under U.S. C Title 18., Section 1001.

Applicant signature	Date
Worker's Signature	Date

For Office Use Only – Circle All That Apply

TEFAP	MHR	SEEDS	CHDO	PANTRY CLOTHES	FAMILY SELF SUFFICIENCY	EMERGENCY SERVICES	HOUSING COUNSELING	MSOA	TAX	HEALTHY AND WISE
CSFP	WX	PLOW	URBAN	FOOD						