

Charity Tracker

2023 Intake Form

APPLICANT INFORMATION

First Name:	Middle Name:	Last Name:
Street Address:		Previously Used Last Name:
City:	State:	Zip:
Phone:	Email Address:	
Last 4 SSN:	Driver's Lic # and State:	
Birthdate:		
Name of Spouse/Partner:		Birthdate of Spouse/Partner:
Mailing Address if different from Street Address:		
Names/Ages of Other Household (HH) Members:		
# of Adults in HH (19-64) _____ # of Seniors in HH (65+) _____	# of Children in HH (6-18) _____ # of Children in HH (Birth to 5) _____	Total Number in Household _____
Applicant Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Refused	
Ethnicity	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Refused	
Education	<input type="checkbox"/> Nursery School to 4th Grade <input type="checkbox"/> 5th Grade to 8th Grade <input type="checkbox"/> High School (incomplete) <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> Some Post Secondary Ed <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Other	
Employment Status	<input type="checkbox"/> Employed FT (1 job) <input type="checkbox"/> Employed FT (2+ jobs) <input type="checkbox"/> Employed PT (1 job) <input type="checkbox"/> Employed PT (2+ jobs) <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Retired <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Refused	
Military Service	<input type="checkbox"/> None <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> Discharged <input type="checkbox"/> Retired <input type="checkbox"/> Unknown <input type="checkbox"/> Refused	
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown <input type="checkbox"/> Other	

Additional Applicant Information:

Which County Do You Live In? Kootenai Bonner Shoshone Boundary Benewah Spokane Other

How Long Have You Lived in Your County? Less than 1 year 1-5 years 6 years +

Have You Moved Within the Past 5 Years? Yes No

If Yes, Reason for Move: Cost Availability Other

Current Housing Situation: Own Rent (self pay) Rent with Rental Assistance
 Group Home Informally Housed with Utilities (temporary)
 Homeless/Couch Surfing Homeless (Shelter, Car, No Utilities)

Government Benefits Being Received: SNAP Food Benefits Medicaid Medicare
 Social Security SSI Veterans Benefits
 WIC Idaho Child Care Asst

Disabilities: Blind/Vision Impaired Deaf/Hearing Impaired
 Mental Health Diagnosed Condition Cognitive Impairment
 Autism Spectrum Disorder Physical Impairment

I certify that all of the above information listed is true and correct. I understand that I may be disqualified from receiving assistance by making false statements or from the withholding of documentation. I hereby authorize _____ (name of organization) to obtain and/or release information pertaining to my request for assistance (including the information included in this application), and to enter this information into the Charity Tracker database as well as the information provided on this intake form. Charity Tracker is a data sharing network in cooperation with churches and other human service organizations. THIS AUTHORIZATION DOES NOT EXPIRE UNLESS REQUESTED IN WRITING.

Date

Signature of Applicant

TOTAL HOUSEHOLD INCOME (see below for income items to include) \$ _____

HOUSEHOLD INCOME

Total Household Wages	_____
State or Federal Housing Assistance	_____
Child Support	_____
Idaho TANF	_____
Social Security Income	_____
SSI	_____
Retirement/Pension Payments	_____
Total Household Income	<u>_____</u>