

# North Central Community Action Program, Inc.

## Client Registration Form

<b>Date:</b>	<b>Reason for Contact</b>	<b>Prior Contact</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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<b>Name:</b>	<b>SS#:</b>	US Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Address:</b>	<b>City:</b>	<b>State: WI</b>	<b>Zip:</b>	<input type="checkbox"/> <b>Check if new Address</b>
<b>Are you Homeless?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Are you living in a motel:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If your answer is Yes where?		

<b>County:</b>	<b>Phone Number:</b>	<b>HH Size:</b>	<b># of Children:</b>
<b>Gender:</b>	<b>Race:</b>	<b>Date of Birth:</b>	<b>Age:</b>
<b>Highest grade completed:</b>			

<b>HEAD OF HOUSEHOLD INFORMATION:</b>	
Monthly Income \$ _____	Circle all that apply.
Earned Income	W-2
Cash income	Kinship Care
Self-Employment	Workers Comp
VA Pension	Unemployment
Pension	Child Support
Disability	Social Security/SSDI/SSI

Do you receive Food Share?  Yes  No \$ \_\_\_\_\_

Have you been in Foster Care?  Yes  No

Have you been a victim of Domestic Violence?  Yes  No

Do you have Health Insurance?  Yes  No  
What is it? \_\_\_\_\_

Are you a Veteran?  Yes  No      Are you disabled?  Yes  No  Pending

<b>HOUSING</b>	<b>HEAT Source is?</b>
<input type="checkbox"/> Own (single family home/ Mobile home) <input type="checkbox"/> Rent <input type="checkbox"/> Subsidized Rent <input type="checkbox"/> Lot Rent	<input type="checkbox"/> Oil <input type="checkbox"/> Central
How much do you pay for housing per month \$ _____	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Wood
	<input type="checkbox"/> LP Gas <input type="checkbox"/> Electric

ADDITIONAL HOUSEHOLD MEMBERS	SEX M/F	DOB	AGE	Relationship to Head of Household	Citizen Y/N	RACE	Foster Care Y/N	DV Y/N	Education 0-12	EMPL Y/N	GROSS INCOME
<b>2</b>	NAME										
	SSN#										
<b>3</b>	NAME										
	SSN#										
<b>4</b>	NAME										
	SSN#										
<b>5</b>	NAME										
	SSN#										
<b>6</b>	NAME										
	SSN#										

*If you have a household greater than 6 please take another form and complete the bottom portion*