



COUNTY SOCIAL SERVICES LEVEL I INTAKE APPLICATION

Name: _____ DOB: _____ SSN: _____

Current Address: _____ County: _____
Street Address City State Zip

When did you move to this address? ____/____/____ Preferred phone number: _____
Month Year

If your current address is not in the community then list last community address and dates of that address on the back of this form.

Gender: Male Female Veteran? Yes No Marital Status _____ Race _____

Level of Education: None H.S. Diploma GED Associates Bachelors or higher

CURRENT EMPLOYMENT STATUS (if minor, this would be parent/guardian employment status)

____ Unemployed _____ Student _____ Retired
____ Employed (Circle one) _____ Supported Employment _____ Other (please specify)
Full Time Part Time/Seasonal _____ Sheltered / Prevocational _____

Employer Name: _____ Hours/Week _____ Hourly Wage \$ _____

Health Insurance Information: If not insured, check here _____ If you have coverage, complete below:

Primary Carrier (pays first) Insurance Name: _____ Policy #: _____ (or Medicaid State ID# or Medicare Policy #)	Secondary Carrier (pays second) Insurance Name: _____ Policy #: _____ (or Medicaid State ID# or Medicare Policy #)
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SPOUSE AND DEPENDENTS IN HOUSEHOLD: (must list dates of birth for dependents) Use back if more room needed

Name	Relationship	Date of Birth
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

Are you waiting for a Social Security Disability determination? No Yes

Do you have a Social Security Representative Payee? No Yes If yes, who is your payee?

Name: _____ Phone #: _____

Who is your emergency contact?

Name: _____ Phone #: _____ Relationship: _____

INCOME	Applicant	Others in Household	RESOURCES	Amount	Location
Social Security	_____	_____	Cash	_____	_____
SSI	_____	_____	Checking Account	_____	_____
SSDI	_____	_____	Savings Account	_____	_____
Employment Wages	_____	_____	Stocks and Bonds	_____	_____
FIP	_____	_____	Certificates of Deposit	_____	_____
Child Support	_____	_____	Life Insur. (cash value)	_____	_____
Veteran's Benefits	_____	_____	Trust Funds	_____	_____
Railroad Pension	_____	_____	Burial Contracts	_____	_____
Rental Income	_____	_____	Recreational Vehicles	_____	_____
Dividends, Interest, Etc.	_____	_____	Real Estate (non-residence)	_____	_____
Other _____	_____	_____	Other _____	_____	_____
TOTAL MONTHLY INCOME	_____	_____	TOTAL RESOURCES	_____	_____

I hereby attest that the information I have provided is true and I also give County Social Services permission to release this information to verify and/or communicate eligibility for the assistance requested. I also understand that this is a government document and I may be subject to prosecution if knowingly provide false information. I also acknowledge I have been given a copy of the County Social Services Notice of Privacy Practices.

Applicant's Signature: X _____ Date _____

(Application **must** be signed or witnessed and dated to be considered for assistance.)

For CSS Staff Use Only

Level I Items: <input type="checkbox"/> Signed Releases <input type="checkbox"/> Notice of Privacy Practices Given <input type="checkbox"/> Income Verification (if requested)	<input type="checkbox"/> Verification of Diagnosis <input type="checkbox"/> Helped apply for IWP, if applicable	Level II Items: <input type="checkbox"/> Level II completed <input type="checkbox"/> Rights & Responsibilities <input type="checkbox"/> Guardianship/Legal Papers	<input type="checkbox"/> IAR Form signed, if applicable <input type="checkbox"/> Standardized Assessment, if applicable
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DG: MI ID DD BI Self-Report Diagnosis: _____

CSS Case Worker _____