



COUNTY SOCIAL SERVICES LEVEL I INTAKE APPLICATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Current Address: \_\_\_\_\_ County: \_\_\_\_\_

When did you move to this address? \_\_\_\_\_ / \_\_\_\_\_ Preferred phone number: \_\_\_\_\_

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:

Table with 2 columns: Primary Carrier (pays first), Secondary Carrier (pays second). Includes Insurance Name and Policy # fields.

SPOUSE AND DEPENDENTS IN HOUSEHOLD: (must list dates of birth for dependents) Use back if more room needed

Table with 3 columns: Name, Relationship, Date of Birth. Includes three rows for listing dependents.

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: \_\_\_\_\_

Table with 3 columns: INCOME, Applicant, Others in Household. Lists various income sources like Social Security, SSI, SSDI, etc.

Table with 3 columns: RESOURCES, Amount, Location. Lists various resource types like Cash, Checking Account, Savings Account, etc.

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.

Applicant's Signature: X \_\_\_\_\_ Date \_\_\_\_\_

For CSS Staff Use Only (Application must be signed or witnessed and dated to be considered for assistance.)

Table with 2 columns: Level I Items, Level II Items. Lists various verification and documentation items.

DG: MI ID DD BI Self-Report Diagnosis: \_\_\_\_\_

CSS Case Worker \_\_\_\_\_