



www.proactioninc.org

Pro Action works to build a community of resilient individuals and families who can meet their basic needs, overcome adversity, and prosper.

### CHAMP Request

- Must be for an immediate need not covered by an existing funding source
- Must be referred by a case manager, advocate, etc.
- Request must not exceed \$100 and is contingent on fund balance
- Must agree to disclose other assistance received
- **PAYMENT CANNOT BE MADE DIRECTLY TO CLIENT**

Please complete this form and return to [CHAMP@proactioninc.org](mailto:CHAMP@proactioninc.org)

Date: \_\_\_\_\_

Request made by: Name \_\_\_\_\_ Organization: \_\_\_\_\_

Contact Information (phone and email): \_\_\_\_\_

\_\_\_\_\_

Applicant Name: \_\_\_\_\_ Family size: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Purpose For Request For Funds (describe need), how will these funds be a part of a long term solution?:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name, Phone Number, and Address of where payment should be made:

\_\_\_\_\_

\_\_\_\_\_

Amount requested: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Please list other funding received or anticipated:

Funding Source and Amount:	Received for:



## Client Intake Form

Please complete this side of the form for the person receiving services today										
Social Security Number: _____		First Name: _____			MI: _____	Last Name: _____				
Alias or Maiden Name: _____			Date of Birth: ____/____/____		Gender: M F Trans		Pregnant: Y N DK	Military Status: Active/ Veteran/ None		Disabled: Y N
Indicate Your Marital Status: Child (No Status) Divorced Domestic Partner Married Separated Single Widowed				Ethnicity- Hispanic/ Latino: Y N		Race: American Indian/ Alaskan Native Asian Black/African American White/Caucasian Hawaiian/Pacific Islander Multi-Race Other				
Education: 0-8th 9-12th Nongrad GED High School Grad 12+ Some College 2Year Degree 4Year Degree Graduate Degree						Insurance: Direct Purchase/ Employer/ Medicaid Medicare/ Military/ State Adult/ State Child				
Non-Cash Benefits: SNAP/ WIC/ HEAP/ Housing Choice Voucher/ Public Housing/ Permanent Supportive Housing/ HUD-VASH/ Childcare Voucher/ Affordable Care Act Subsidy/ Other/ None										
House #:	Direction:	Street:			Suffix:	Apartment:	Floor:	County:		
City Name:		Zip Code: _____	State: _____	Intake Date: ____/____/____		Primary Language:		2nd Language:		
Family Type: Single Parent (Female) Single Parent (Male) Single Person 2 Adults Only 2 Parent Household Other		Email Address: _____								
Home Phone: ( ) ---			Cell Phone: ( ) ---			Message Phone or Fax: ( ) ---				
Intake Site:		What is Best Way to Contact You: E-Mail Mail Home Phone Cell Phone Message Phone			How Did You Hear About Us: DSS Flyer Event TV Other Agency Radio Newsletter Other					
Housing Situation: Homeless Couch Surfing Other Own Own-Mobile Home Own-Multi Family Rent Runaway Temporary Stable Temporary Unstable							Utility Company:			
Work Status: FT/ PT/ Retired/ Migrant/ Unemployed: Over 6 mo/ 6 mo. Or less/ Not Looking				Employer Name: _____			Hours/Week:	Any Limitations: Yes No		
Income Type:	Interval:	Amount:	Income	Interval:	Amount:	Income	Interval:	Amount:		
Wages			Pension			None				
Self-Employed			Workers Comp			Other				
Social Security			Intrest/ Dividend			Pub. Assistance				
SSI			Rental			VA- Serv. Con.				
TANF			Alimony			VA- Non Serv.				
Unemployment			SSDI			EITC				
Veterans Benefits			Child Support			Private Dis. Ins.				
Income Verification Date: ____/____/____				Verification Doc: W2/ Check Stubs/ Tax Return/ Award Letter/ Other						
Pre Assessment Questionnaire										
HS Diploma or GED: Yes No		Read/ Write in English: Yes No		Do you have the skills to get a job: Yes No			Safe Affordable Housing: Yes No			
Access to Transportation: Always Usually Sometimes Rarely Never			Child Care: No Children Needed Not Needed		Child Care Enrollment: Unsubsidized Subsidized Provided by Family/Friend Waiting List Not Enrolled					
Caregiver For an Elderly Person: Yes No			Can't Afford Elder Care: N/A Yes No			Children with Health Insurance: No Children All Some None				
Adults with Health Insurance: All Some None			Receiving Services: No		Yes What Services do You Receive: TANF SNAP HEAP Housing Assistance Medicaid/Fidelis					
Information regarding gender, ethnicity, education or disability is collected for statistical purposes only. This information will not be used to determine eligibility. Some of this information is requested by the Federal Government in order to monitor laws prohibiting discrimination against those seeking services. You are not required to furnish this information but are encouraged to do so.										

Please complete this side of the form for the additional members of your household

SSN	First Name	Last Name	Date of Birth	Using the key below please answer the following						Using (Y) Yes or (N) No please answer the			Source of Income						
				Male or Female	Pregnant	Marital Status	Relation to Applicant	Ethnicity	Race	Education (age 18+)	Health Insurance	Non-Cash Benefits		Served in the Military	SNAP(Food Stamps)	WIC	Disabled	Monthly Income (\$)	

Marital Status	Relation to Applicant	Ethnicity	Race	Education	Source of Income
A. Single B. Married C. Widowed D. Separated E. Divorced F. Child	A. Mother B. Father C. Child D. Sister E. Brother F. Guardian G. Partner H. Friend I. Spouse J. Grandparent K. Foster Parent L. Foster Child M. Grandchild N. Other _____	A. Hispanic or Latino B. Non-Hispanic or Non-Latino	A. Native American B. Asian C. Caucasian/White D. African American/Black E. BI-Racial/Multi-Racial F. Hawaiian Pacific Islander G. Other _____	A. 0-8th grade B. 9-12th grade C. High School Grad D. GED E. 12 + some secondary school F. 2 -year College graduate G. 4-year College graduate H. N/C Child under age of 18	<i>Please indicate your source(s) of income</i> A. Employment Only B. Employment + Other sources _____ C. Social Security D. SSDI E. SSI F. Child Support G. TANF H. Interest Dividends I. Unemployment Insurance J. Pension K. Worker's Comp. L. Veteran's Benefits M. No Income N. Other _____
<b>Non-Cash Benefits</b> I. ACA Subsidy H. Childcare Voucher D. Housing Voucher G. HUD-VASH C. HEAP N. None J. Other _____ F. Suptort. Housing	<b>Health Insurance</b> F. Direct Purchase G. Employment Based A. Medicaid B. Medicare E. Military Healthcare C. State Program: Children D. State Program: Adult H. Unknown				