



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

Organization: Family size: Phone:	
Family size: _	
Family size: _	
Phone:	
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nese funds be a part of a long t	term solution::
ould be made:	

	····
Date Needed:	
Receiv	red for:







Client Intake Form

Pleas	e comple	ete this sid	le of the	form f	or the	per	son re	ece	iving se	rvic	es today	
Social Security Nu	mber: Fin	st Name:					t Name:					
Alias or Maiden N	ame:	Date of	f Birth:	Ger	nder:	h	Pregnar	nt: T	Veteran:	Foo	d Stamps	: Disabled:
				1 "	F Trans		Y N DI		Y N	Y	N N	Y N
Indicate Your Mar	ital Status	:	Et	thnicity-		Race	e: Ame	erica	an Indian/	Alask	an Native	Asian
Child (No Status)	Divorced		Partner Hi	_							ite/Caucas	
Married Separate		e Widowe	d	Y ,	N :	Haw	/aiian/Pa	acifi	ic Islander			Other
Education: N/C C			-		_						Private	Medicare
		egree 4Ye	ar Degree	Gradu	ate Degre				N Medio			o Coverage
House #: Dir	ection: Sti	al official				Suff			artment:	NO ARKSES July Coulds Visit Coulds	Date over the Di	ounty:
City Name:	Zij	p Code:	State:	Int	ake Date	Park the		Prin	mary Lan	guage	e: 2nd L	anguage:
		nt (Female) nly 2 Pa			t (Male) Other		Email A	\ddı	ress:			
Home Phone:			Gell Phon	di jarah					Message			
Intake Site:		is Best Way Phone Cell		t You: E- Message				id Y	ou Hear 2	About		Flyer Event ter Other
Housing Situatio Own-Multi Fa			ch Surfing vay Ter	Other mporary S			Own-lemporary		oile Home nstable	Uti	lity Comp	any:
Presently Employe No Unavailable	ed: Yes		Worked:		yer Nam		or o			_ s/Wee	CONTRACTOR PRODUCTION	imitations:
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Please complete this side of the form for the additional members of your household

Use key below	Source of Income				
	(\$) әաօշու կևնոօМ				
Se	Farmer				
Using (Y) Yes or (N) No please answer the following	beldseid				
r (N) N e follo	MIC				
Ig (Y) Yes or (N) No ple answer the following	(sqmst2 boo4)9AN2	 			
sing (Y) ans	Served in the Military				
	Health Insurance				
(V) or Using the key below please (N) answer the following	Education (age 18+)				
ing the key below plea answer the following	Касе				
key be the fo	Ethnicity				
inswer	InsoilqqA of noitslaß				
Usir	sutat2 latitaM				
(X) o (S)	Pregnant				
	Male or Female				
	Date of Birth				
	Last Name				
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	NSS				

					CMCCALL
Marital Status	Relation to Applicant	Ethnicity	Race	Eutcauoli	
A. Single	A. Mother	A. Hispanic or	A. Native American	If household member is over age of	Please indicate your source(s) of
B. Married	B. Father	Latino	B. Asian	<u>is maicate nignest grade completed</u>	aucoui
C. Widowed	c. child		C. Caucasian/White	A O-8th grade	A. Employment Only
D. Separated	D. Sister	B. Non-Hispanic or	D. African American/Black	A: 9 out Blace B: 9-10th grade	B. Employment + Other
E. Divorced	E. Brother	Non-Latino	E. Bi-Racial/Multi-Racial	C High School Grad	sources
F. Child	F. Guardian		F. Hawaiian Pacific Islander	GED CERTIFICATION	C. Social Security
	G. Partner		G. Other	F 12 + some secondary school	D. SSDI
	H. Friend			E 2 -vear College graduate	E. SSI
	I. Spouse			G A-vear College graduate	F. Child Support
	J. Grandparent			H N/C Child inder age of 18	G. TANF
	K. Foster Parent				H. Interest Dividends
	L. Foster Child				I. Unemployment Insurance
	M. Grandchild				J. Pension
a de la companya de	N Other				K. Worker's Comp.
					L. Veteran's Benefits
					M. No Income
	in the second	teratoria.	· .		N. Other