

Community Action Angels Request (Formerly CHAMP)

- 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

Date: _____

Request made by: Name _____ Organization: _____

Contact Information (phone and email): _____

Applicant Name: _____ Family size: _____

Address: _____ Phone: _____

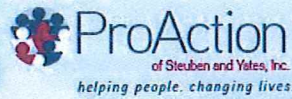
Purpose For Request For Funds (describe need), how will these funds be a part of a long term solution?:

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

Amount requested: _____ Date Needed: _____

Please list other funding sources attempted, received or anticipated:

Funding Source and Amount:	Received for:



Date: _____

Client Intake Form

Please complete this side of the form for the person receiving services today

SSN: _____		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 Deg. Graduate Deg.				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 Social Media				
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: Yes No		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.

