

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 \$200 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 communityactionangels@proactioninc.org

Date: _____
Request made by: Name _____ Organization: _____
Contact Information (phone, 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

Date:

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

Referring Agency :

First Name:

MI

Last Name:

Alias or Maiden Name

Date of Birth:

Gender

Pregnant:

Military Status:

Disabled:

Yes

No

Indicate Your Marital Status:

Ethnicity - Hispanic /Latino:

Race:

Yes

No

Education:

Insurance:

Non-Cash Benefits (Hold down Ctrl to choose multiple):

House #: Direction:

Street:

Suffix:

Apartment: Floor:

County:

City Name:

State:

Zip-Code:

Intake Date:

Intake Site:

Primary Language:

Secondary Language:

Family Type:

Email Address:

Home Phone:

Cell Phone:

Message Phone or Fax:

What is the Best Way to Contact You:

How Did You Hear About Us:

Housing Situation:

Utility Company:

Work Status:

Employer Name:

Hours per week:

Any Limitations

Yes

No

Income Type:

Interval:

Amount:

Income Type:

Interval:

Amount:

Income Type:

Interval:

Amount:

Wages

Pension

None

Self-Employed

Workers Comp

Other

Social Security

Interest/Dividend

Public Assistance

SSI

Rental

VA- Service Con.

TANF

Alimony

VA- Non Service

Unemployment

SSDI

EITC

Veterans Benefits

Child Support

Private Disab. Ins.

Income Verification Date:

Verification Document (Hold down Cntrl to choose multiple):

Please answer the following:

Yes

No

Access to Transportation:

HS Diploma or GED

If you receive services what ones are you receiving?

Read/Write English

TANF

SNAP

HEAP

Housing Assistance

Medicaid/Fidelis

Do you have the skills to get a job:

Child Care:

Childcare Enrollment:

Safe Affordable Housing:

Caregiver for Elderly Person:

Can't Afford Elder Care:

Children with Health Insurance:

Adults with Health Insurance:

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

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

Marital Status	Relation to Applicant	Ethnicity	Race	Education	Source of Income	Health
A. Single B. Married C. Widowed D. Separated E. Divorced F. Child Non-Cash Benefits I. ACA Subsidy H. Childcare Voucher D. Housing Voucher G. HUD-VASH C. HEAP N. None J. Other F. Support Housing	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. Stepparent O. 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. Graduate Degree	A. Wages B. Self- Employed 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. VA Service Connected M. VA Non Service N. Private Disability Ins. O. Alimony P. Rental Q. Veterans Benefits R. Earned Income Tax Credit S. Public Assistance T. Other _____	F. Direct Purchase G. Employment Based A. Medicaid B. Medicare E. Military Healthcare C. State Program: Children D. State Program: Adult H. Unknown