



Disaster Case Management DR# _____ - Iowa _____
Basic Intake Form

Last Name _____ First Name _____ Middle _____

Date _____
 Poverty Level _____ %
 County _____
 Disaster Case Manager _____

Street Address _____ Mailing Address (if different) _____

City _____ State _____ Zip _____

(_____) Phone Number/Contact Number _____ VA Number _____ Medicaid Number _____ Aid Type _____

HMN	NAME	DATE OF BIRTH	Relation to Head of HH	Sex	SOCIAL SECURITY NUMBER	Ethnic	Disability	Health Insurance	Education Level	Marital Status	Veteran

TOTAL HOUSEHOLD MEMBERS

HMN	INCOME SOURCES (Please list all and identify by HMN)	RATE OF PAY	INCOME <input type="checkbox"/> Monthly <input type="checkbox"/> 90 Days <input type="checkbox"/> 12 Months/Annual

TOTAL INCOME _____

CAP Agency Services	REFERRALS

FAMILY TYPE:

- Single female with children Single male with children Single person
 Two parents with children Two adults without children Other

HOUSING STATUS: (check one)

- Rent Own Buy Homeless Other _____
 If homeless, indicate housing situation _____

ARE YOU OR ANY HOUSEHOLD MEMBER:

- A farmer A migrant farm worker A seasonal farm worker
 Receiving Food Stamps Receiving General Assistance

HOW MANY HOUSEHOLD MEMBERS ARE:

- _____ A U.S. citizen _____ A Native American _____ 60 or older
 _____ 3 or younger _____ Homebound _____ Disabled

ARE YOU OR ANY FAMILY MEMBER RECEIVING:

- Unemployment Benefits Social Security SSI FIP
 Veterans Assistance Child Support

HEATING SERVICE: (bill or copy of bill if applying for LIHEAP)

Company _____
 Account _____
 Name on account _____

ELECTRIC SERVICE:

Company _____
 Account # _____
 Name on account _____

MAIN SOURCE OF HEATING: (check one)

- Electric Propane Wood / Coal / Corn Natural Gas
 Fuel Oil Other _____

HOUSING TYPE: (check one)

- House Mobile Home 2, 3, or 4 unit apt. 5 or more unit apt.
 Rent a room Other _____

LANDLORD, PROJECT OR COMPLEX:

Name _____
 Address _____
 Phone _____

Mortgage or Rent costs per month: \$ _____

If you rent, are your heating costs included? Yes No

Do you receive rent assistance? Yes No
 (Is your rent based on a percentage of your income?)

Do you have savings over \$15,000? Yes No
 (Include savings, CD's and other investments)

Are you receiving Lifeline Telephone Assistance?
 Yes No

Do you wish to apply for Lifeline Telephone Assistance?
 Yes No

I certify under penalty of perjury that the information I have provided on this Basic Intake Form is true. I give permission to the agency processing this application to acquire additional information and to share information with other organizations for the purposes of providing disaster-related services to assist my household. This sharing of information is to be conducted with maximum respect for the confidentiality of the information contained in this application. I am the only person in this household making application for disaster-related assistance. Any willful misrepresentation of the information on this form is subject to penalty of law. I give permission to the agency processing this form to release information to the Iowa Community Action Association and the Rebuild Iowa Office.

Signature _____

Date _____