

Client Number		Agency		Application Date	
		Clinton County Community Action			
Primary Applicant First Name		M.I.		Last Name	
Social Security Number		Date of Birth		Gender	
___ / ___ / ___		___ / ___ / ___		<input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Male	
Household Information					
Household Size		Family Type		Building Type	
		<input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults/No Children <input type="checkbox"/> Non-related Adults with children <input type="checkbox"/> Multigenerational Household <input type="checkbox"/> Other		<input type="checkbox"/> Mobile Home <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-family low rise (3 stories or less) <input type="checkbox"/> Multi-family high rise (3 stories or more)	
Housing Status					
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other Permanent Housing <input type="checkbox"/> Homeless <input type="checkbox"/> Other					
Customer Address					
Current Service Address			Apartment/Lot/Unit Floor		
Current Mailing Address (if different from above)			Apartment/Lot/Unit Floor		
City		State	Zip Code		County
Phone Number			Email Address		
Preferred method of contact					
Primary Applicant Demographic Information					
Ethnicity		Race		Education	
<input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins		<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Not-reported <input type="checkbox"/> White		<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grades 9-12/Non-Graduate <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some Post-Secondary Education <input type="checkbox"/> 2 or 4 Year College Graduate <input type="checkbox"/> Graduate or other post-secondary school	
Is Client Disabled?		Military Status		Is Client a US Citizen?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Work Status		Health Insurance Type		Non-Cash Benefits	
<input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (short-term, 6 months or less) <input type="checkbox"/> Unemployed (long-term, more than 6 months) <input type="checkbox"/> Unemployed (not in labor force) <input type="checkbox"/> Retired <input type="checkbox"/> Unknown/not reported <input type="checkbox"/> Youth ages 14-24 who are neither working nor in school		<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private/Employment Based <input type="checkbox"/> Self-Insured/Direct Pay <input type="checkbox"/> None <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults		<input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Other <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Public Housing <input type="checkbox"/> SNAP <input type="checkbox"/> WIC	

Additional Household Members		
First Name	M.I.	Last Name
Social Security Number	Date of Birth	Gender
___ / ___ / _____	___ / ___ / _____	<input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Male
Ethnicity	Race	Education
<input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Not-reported <input type="checkbox"/> White	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grades 9-12/Non-Graduate <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some Post-Secondary Education <input type="checkbox"/> 2 or 4 Year College Graduate <input type="checkbox"/> Grad or other post-secondary school
Is Client Disabled?	Military Status	Is Client a US Citizen?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Status	Health Insurance Type	Non-Cash Benefits
<input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (short-term, 6 months or less) <input type="checkbox"/> Unemployed (long-term, more than 6 months) <input type="checkbox"/> Unemployed (not in labor force) <input type="checkbox"/> Retired <input type="checkbox"/> Unknown/not reported <input type="checkbox"/> Youth ages 14-24 who are neither working nor in school	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private/Employment Based <input type="checkbox"/> Self-Insured/Direct Pay <input type="checkbox"/> None <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults	<input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Other <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Public Housing <input type="checkbox"/> SNAP <input type="checkbox"/> WIC
First Name	M.I.	Last Name
Social Security Number	Date of Birth	Gender
___ / ___ / _____	___ / ___ / _____	<input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Male
Ethnicity	Race	Education
<input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Not-reported <input type="checkbox"/> White	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grades 9-12/Non-Graduate <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some Post-Secondary Education <input type="checkbox"/> 2 or 4 Year College Graduate <input type="checkbox"/> Grad or other post-secondary school
Client Disabled?	Military Status	Is Client a US Citizen?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Status	Health Insurance Type	Non-Cash Benefits
<input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (short-term, 6 months or less) <input type="checkbox"/> Unemployed (long-term, more than 6 months) <input type="checkbox"/> Unemployed (not in labor force) <input type="checkbox"/> Retired <input type="checkbox"/> Unknown/not reported <input type="checkbox"/> Youth ages 14-24 who are neither working nor in school	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private/Employment Based <input type="checkbox"/> Self-Insured/Direct Pay <input type="checkbox"/> None <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults	<input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Other <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Public Housing <input type="checkbox"/> SNAP <input type="checkbox"/> WIC

Countable Income Information			
Client Name		Total Amount Received	Period Received (30, 90 or 365 days)
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
Income Category		Frequency	Total Amount
Fixed Countable Income	Supplemental Security Income (SSI) (See E-2.3) Social Security Disability Insurance (SSDI) (See E-2.3) Social Security Retirement (SS) (See E-2.3) Pension (examples are government, military and private) Widow/Widower's benefit Alimony Black Lung pension	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____
Earned Countable Income	Wages (salary, tips, commission, bonuses, etc.) Active Military Pay	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____
Other Earned Countable Income	Seasonal Employment Self-employment	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____
Supplemental Countable Income	Unemployment Utility Assistance Workers' Compensation Ohio Works First Temporary Assistance for Needy Families (TANF) Employment Disability Payouts Strike Benefit	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____
Other Countable Income	Cash withdraws from: Individual Retirement Accounts, Annuities, Other investments Lump sum payout from: Estate & Trust settlements, Divorce settlements, insurance payout, lottery winnings Interest Income	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	
None			\$
Total			\$
Deductions			
Deductible Income		Frequency	Total
Health Insurance Premiums Short and Long-Term Disability Premiums Prescription Plans Health Care Spending Accounts Medicaid Spend Down (deductibles) Medicare Premiums Child Support paid-out Attorney fees for estate or trust settlements Self-employment IRS allowable business expenses Reimbursement for work expenses		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____
Total Household Income (Countable Income – Deductions)			\$
Percentage of Area Median Income (AMI)			%

Excluded Income		
Excluded Income	Frequency	Total Amount
Agent Orange Pension Veterans affairs, service-connected disability Handicapped income (i.e. work programs for the blind or disabled) Title V wages (i.e. senior employment programs) Volunteers in Service to America Stipend (VISTA) Work allowances (work requirement to receive OWF assistance) Income earned by dependent minors Tax refunds/rebates Education assistance (grants stipends for tuition/books) Stipends for foster care Military allowances for subsistence Ohio waiver program (Medicaid benefit for caregiver) Prevention retention and contingency (i.e. emergency services, rental asst.) transportation allowances (WIOA) Proceeds from reverse mortgage FEMA, cash payments Title III Disaster relief emergency assistance	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____

Expenses	
Expense Type	Total Monthly Expense amount
Food	\$ _____
Shelter	\$ _____
Child Care	\$ _____
Transportation	\$ _____
Utilities	\$ _____
Total	\$ _____

I certify that this statement is true and correct to the best of my knowledge, and I authorize the release of any or all information necessary for verification purposes.

Applicant Signature: _____

Date: _____

Approved by: _____

Date: _____