

EXPLANATION OF ABBREVIATIONS & TERMS LISTED BELOW:

REL: Relationship to Head of Household **Race:** (B) Black (W) White (AI) American Indian (O) Other (OI) Other Islander (A) Asian

Head of Household Name	REL	Race	Education Last Grade Completed:	Disabled	Insurance	Gender	Social Security #	Date of Birth
1.	SELF			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medicaid <input type="checkbox"/> Private <input type="checkbox"/> Medicare <input type="checkbox"/> MC+ <input type="checkbox"/> None			

Email: _____

Home Address	City	State	ZIP Code	Ethnicity
		MO		Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone	Housing - Please Check One			Benefits
	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Public Housing <input type="checkbox"/> Other			SNAP / Food Stamps:
	*Has your residence been weatherized? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> No <input type="checkbox"/> Yes Amount: _____

List all monthly income (before taxes) & sources of income in the household: \$ _____

Wages	SSI/SSA	TANF	Pension
Unemployment	Child Support	Other Income	

***Is any member in the household a veteran?** Yes No

Other Household Member Name	REL	Race	Education Last Grade Completed:	Disabled	Insurance	Gender	Social Security #	Date of Birth
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No	Check all that apply: <input type="checkbox"/> Medicaid <input type="checkbox"/> Private <input type="checkbox"/> Medicare <input type="checkbox"/> MC+ <input type="checkbox"/> None			
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No	Check all that apply: <input type="checkbox"/> Medicaid <input type="checkbox"/> Private <input type="checkbox"/> Medicare <input type="checkbox"/> MC+ <input type="checkbox"/> None			
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No	Check all that apply: <input type="checkbox"/> Medicaid <input type="checkbox"/> Private <input type="checkbox"/> Medicare <input type="checkbox"/> MC+ <input type="checkbox"/> None			
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No	Check all that apply: <input type="checkbox"/> Medicaid <input type="checkbox"/> Private <input type="checkbox"/> Medicare <input type="checkbox"/> MC+ <input type="checkbox"/> None			
6.				<input type="checkbox"/> Yes <input type="checkbox"/> No	Check all that apply: <input type="checkbox"/> Medicaid <input type="checkbox"/> Private <input type="checkbox"/> Medicare <input type="checkbox"/> MC+ <input type="checkbox"/> None			
7.				<input type="checkbox"/> Yes <input type="checkbox"/> No	Check all that apply: <input type="checkbox"/> Medicaid <input type="checkbox"/> Private <input type="checkbox"/> Medicare <input type="checkbox"/> MC+ <input type="checkbox"/> None			

Do you need help with any of the following? Check all that apply (Yes/No)

Utilities? <input type="checkbox"/> <input type="checkbox"/> Employment/Education? <input type="checkbox"/> <input type="checkbox"/>	Do you have children between the ages of 5-24 years? Would you be interested in our Youth Services Program? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently receiving Child Support Services? (Please check one of the following.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Housing? <input type="checkbox"/> <input type="checkbox"/> Unmet health needs? <input type="checkbox"/> <input type="checkbox"/>	
Child Care? <input type="checkbox"/> <input type="checkbox"/> Food Assistance? <input type="checkbox"/> <input type="checkbox"/>	
Transportation? <input type="checkbox"/> <input type="checkbox"/> Other? <input type="checkbox"/> <input type="checkbox"/>	

I understand the information provided is subject to verification and I further realize that falsified or fraudulent information may result in the rejection of my application. I authorize this agency; their agents and employees to receive or provide information for the purpose of completing the application and hereby release the foregoing of and from any liability for services provided. I consent to the release of pertinent information to concerned social service agencies and vendors as necessary to complete services for my household or to provide statistics on emergency assistance or as a guard against duplication of assistance. I hereby authorize my fuel supplier or other vendors related to my household to release information concerning my fuel or other accounts as necessary to ensure timely processing of this application. I acknowledge, by my verbal consent, the information entered on this form is true and correct to the best of my knowledge.

Applicant's Signature: _____	Date: _____	Staff's Signature: _____	Date: _____
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OFFICE USE - Please list referrals:	1. _____	2. _____
Annual Income:	3. _____	4. _____
Monthly Total <input type="text"/> x12= <input type="text"/>	5. _____	6. _____



Clear Form

Acknowledgment and Consent Forms

CLIENT CONFIDENTIALITY / RELEASE OF INFORMATION ACKNOWLEDGEMENT AGREEMENT

Under the terms of this Agreement, CLIENT agrees to release to CAAGKC information that is confidential and proprietary to CLIENT - Confidential Information to be used solely for the Agency's related statistics, services and programs. Confidential Information refers to any and all information of a confidential, proprietary, or secret nature which is or may be related in any way to the family, medical records, job history, present or future, of CLIENT or any related data. Confidential Information includes, for example, but not limited to: spouses or other family members, ages, salaries, financial standings, criminal records, medical records and all other pertaining to the family information. CAAGKC will consider all information received from CLIENT to be strictly confidential, as required by the Privacy Act, and subject to the restrictions of this Agreement; except for information that is (i) generally known to the public, (ii) in the possession of CAAGKC before receipt from the CLIENT, (iii) obtained later by the Agency from a third party without restriction on violation of Agreements.

CAAGKC will not disclose CLIENTS Confidential Information to any party without the prior written consent of CLIENT. CAAGKC may, however, disclose Confidential Information to its employees and/or programs but only if the employee has a legitimate need to know and has agreed to terms similar to those in this Agreement. Community Action Agency may also disclose this Confidential Information (i) to medical personnel in an emergency; (ii) to qualified personnel for research, audits, or program evaluation, as long as CLIENT identities are not identified; (iii) to a third party based on court orders; and (iv) to appropriate authorities in cases of suspected child abuse or neglect. CAAGKC will be responsible for any use or disclosure of Confidential Information by any of its employees or agents to third parties who should not share this information. YES NO

PHOTO, VIDEO, MEDIA RELEASE ACKNOWLEDGEMENT AGREEMENT

I hereby give Community Action Agency of Greater Kansas City (CAAGKC) permission to interview, videotape, or photograph me with the purpose of using said words or images in the media, in agency publications such as newsletters, brochures, and advertisements, or other printed or broadcast material. I understand that portions of my words, photos, or video may be edited or altered by CAAGKC or the news media without my expressed knowledge or approval. I hereby waive the right to receive any payment for signing this release and waive the right to receive any payment for CAAGKC use of any right to inspect or approve finished photographs, audio, video, multimedia, or advertising recordings and copy or printed matter or computer generated scanned image and other electronic media that may be used in conjunction therewith or to approve the eventual use that it might be applied. YES NO

CUSTOMER GRIEVANCE/COMPLAINT POLICY ACKNOWLEDGEMENT AGREEMENT

Community Action Agency of Greater Kansas City customers are treated fairly without regard to race, color, sex, national origin/ancestry, religion, disability, veteran status, and any other characteristic protected by applicable affirmation laws. It is our intent to provide professional services to customers who apply for individual programs we administer. If a customer has a grievance/complaint he/she should immediately contact the manager of the program involved for resolution. Contact information will be provided by the Receptionist of CAAGKC. YES NO

Participant Name

Date

Participant Signature

CAAGKC Staff Signature

Date



SELF-DECLARATION OF ZERO INCOME FORM

I certify that I do not receive income from any of the following sources:

- Wages from employment
- Income from operation of a business
- Rental income from real or personal property
- Interest or dividend from assets
- Supplemental Security Income (SSI), Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits
- Unemployment or disability payments
- Public assistance payments
- Periodic allowances such as alimony, child support, or gifts from persons not living in my household
- Sales from self-employment resources
- Any other income sources not listed above

I certify that the information presented in this certification is true and correct to the best of my knowledge. I understand that falsified or fraudulent information may result in the rejection of my application. I further understand that by signing this certification and knowingly giving false information constitutes an act of fraud.

Head/Member of Household Name (Please print legibly)

Head/Member of Household Signature

Date

Staff Signature

Date