

OPPORTUNITIES CONSUMER INTAKE FORM

Application # _____

Consumer Name: _____

SS#: _____

HOUSEHOLD INFORMATION County: _____

Address: _____
(Mailing Address)

Phone: _____

(City, State, Zip)

Cell #: _____

(911 Address - If Different)

E-Mail: _____

SOURCE OF INCOME	
No Income <input type="checkbox"/>	Worker's Comp <input type="checkbox"/>
Employment <input type="checkbox"/>	Private Disability Insurance <input type="checkbox"/>
TANF <input type="checkbox"/>	Pension <input type="checkbox"/>
PA <input type="checkbox"/>	Int/Divid <input type="checkbox"/>
OTDA SSP <input type="checkbox"/>	Child Support <input type="checkbox"/>
SSI <input type="checkbox"/>	Alimony <input type="checkbox"/>
SS Disability <input type="checkbox"/>	Unemployment <input type="checkbox"/>
SS Retirement <input type="checkbox"/>	EITC <input type="checkbox"/>
VA Disability (Service Connected) <input type="checkbox"/>	Rental <input type="checkbox"/>
VA Non Service Pension (Connected) <input type="checkbox"/>	Self Employed <input type="checkbox"/>
Other <input type="checkbox"/>	_____

NON CASH BENEFITS	
SNAP <input type="checkbox"/>	Permanent Supportive Housing <input type="checkbox"/>
WIC <input type="checkbox"/>	Public Housing <input type="checkbox"/>
HEAP <input type="checkbox"/>	Child Care Voucher <input type="checkbox"/>
Housing <input type="checkbox"/>	Affordable Care Act Subsidy <input type="checkbox"/>
HUD/VASH <input type="checkbox"/>	None <input type="checkbox"/>
Other _____ <input type="checkbox"/>	
HOUSING	
Owns <input type="checkbox"/>	Homeless <input type="checkbox"/> Other <input type="checkbox"/>
Rents <input type="checkbox"/>	Other Permanent <input type="checkbox"/> _____

TYPE (Select One)	
Single Parent (F) <input type="checkbox"/>	
Single Parent (M) <input type="checkbox"/>	
2 Parent House <input type="checkbox"/>	
Single Person <input type="checkbox"/>	
2 Adults/No Child <input type="checkbox"/>	
Multi Generational <input type="checkbox"/>	
Non Related Adults w/Children <input type="checkbox"/>	
Other <input type="checkbox"/>	

Reliable Transportation			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Public Transportation <input type="checkbox"/>	Friends/Family <input type="checkbox"/>
Bicycle <input type="checkbox"/>			

Income Verification		
Who _____	Amount _____	Interval _____
Who _____	Amount _____	Interval _____
Who _____	Amount _____	Interval _____
Who _____	Amount _____	Interval _____
Who _____	Amount _____	Interval _____

Interval = Weekly, Bi-Weekly, Semi Monthly, Monthly, Semi Annual, Annual, Quarterly, Other(Please Explain)

We at Opportunities respect your privacy and will only speak with outside contacts with your consent. Exceptions include: mandated reporting of child abuse/neglect, court ordered subpoena, and/or reporting imminent harm to self or to others.

Name	Sex	Relation	Marital Status	Date of Birth	Ethnicity	Race	ED	DY	EM	Disabled Yes/No	INS	Military
		Self										

Codes Needed to Complete Top

Marital Status

CH Child
 DI Divorced
 MA Married
 SE Separated
 SI Single
 WI Widowed

Ethnicity

HIS Hispanic or Latin
 NOT Not Hispanic or Latin

Race

Wh White (Caucasian)
 BL Black or African American
 MR Multi Race
 OTH Other
 AI American Indian/Alaska Native
 NH Native Hawaiian/Pacific Islander
 AS Asian

ED = Education

0-8 Grade 0-8
 12 non 9-12 (Non Graduate)
 HSG High School Graduate
 GED GED
 12+ 12+ Some Post Secondary
 VS Vocational School
 2YR 2 Year Degree
 4YR 4 Year Degree

DY = Disconnected Youth (under 24)

IS/NW In School / Not Working
 IS/W In School / Working
 NW/NIS Not Working / Not In School
 W/NIS Working / Not In School
 >24 Over 24
 UK Unknown

EM = Employment

FT Full Time
 PT Part Time
 SF Migrant Seasonal Farmer
 US Unemployed - Short Term (6 mo-)
 UL Unemployed - Long Term (6 mo+)
 U Unemployed (Not in Work Force)
 R Retired

INS = Insurance

N No Insurance
 Md Medicaid (A)
 Me Medicare (B)
 SC State Children's Health (C)
 SA State Health Insurance for Adults (D)
 MH Military Health (E)
 D Direct Purchase (F)
 Em Employment Based (G)

Military

N Non Military
 A Active Military
 V Veteran

Signature: _____

Date: _____

Applicant's request:

[Empty box for applicant's request]

	Estimated cost
	Contribution from applicant
	Total Request

Have you been affected by COVID-19? Explain: _____

Describe the situation the applicant is facing, and the expected outcome as a result of this request:

[Large empty box for describing the situation and expected outcome]

Explain why there are no other options available to this applicant to obtain the requested assistance? (Include natural supports such as family and friends, or community supports such as LCDSS, local churches, budgeted payment plans offered by vendors, etc).

[Large empty box for explaining why there are no other options available]

Office Use Only

Applicant has been referred for the following additional services: _____

Additional comments or any other relevant information: _____

Department Notification Date: _____

Approved
 Denied

DV FS HAPL HAPJ WAP Admin

Monthly Budget Worksheet

What is my current cash flow?

Agency Use Only-	Household #:	United Way: \$	CSBG: \$
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Itemized Income

Wages, Salary, Unemployment, TANF	\$
Social Security Benefits, Disability Benefits	\$
Alimony, Child support (received)	\$
Interest on savings accounts CDs, etc.	\$
Pensions, VA Benefits, Worker Comp	\$
(A). Total Before Taxes:	\$ -
- Taxes Paid Out:	\$ -
=(B). Net Income:	\$ -

Savings:

****IF YOU CIRCLED YES FOR ASSISTANCE PLEASE WRITE THEIR CONTRIBUTION IN THE COLUMN ON THE RIGHT****

Itemized Expenses	Your Payment	** Assistance	Their Contribution
Mortgage or Rent Payment	\$	Housing? Y/N	\$
Groceries	\$	SNAP? Y/N	\$
Heat (Oil / Propane / Wood)	\$	HEAP? Y/N	\$
Propane Stove	\$		\$
Electric Bill	\$		\$
Internet, TV, Phone Package	\$		\$
Cell Phone Bill	\$		\$
Clothing and Laundry	\$		\$
Vehicle Loan(s)	\$		\$
Vehicle Gas (per month)	\$		\$
Vehicle Insurance	\$		\$
Child Care Expenses or Child Support Payments	\$		\$
Educational Expenses	\$		\$
Household repair, maintenance & insurance	\$		\$
Personal Loan(s)	\$		\$
Credit Card(s)	\$		\$
Real Estate Taxes	\$		\$
School/ Other Taxes	\$		\$
Recreation/ Hobbies/ Habits/ Pets	\$		\$
Medical Bills	\$		\$
	\$		\$
Total Amount Going Out:	\$ -		
(B). Net Income:	\$ -		
Agency Assistance Total:			\$ -
Amount Left over at the end of the month:	\$ -		

Do you currently owe any back payments? Yes: _____ No: _____

If yes, please list.

To Whom	Amount	Last Paid

Transportation Statement

If request is for transportation needs, please complete this form

Required paperwork when applying for transportation assistance:

An estimate for repairs (from any garage)

Copies of:

- Driver's license
- Title of Vehicle
- Insurance for Vehicle
- Registration of Vehicle

Have you been to DSS for help with this issue? Yes No

If Yes, Please explain why you were denied. _____

If No, please know that you will be asked to do so before we review your application.

What transportation options are available to you? _____

Please provide a brief statement of your need for our service, and how it will help you obtain and/or maintain employment. _____

Please tell us about your employment:

Current Employer	Dates Employed		Hourly Rate/Salary
	From	To	
Address			
Telephone Number ()	Number of hours/week		Work Schedule
Job Title			

Next most recent Employer	Dates Employed		
	From	To	
Address			
Telephone Number ()	Reason for Leaving		
Job Title			

I affirm to the best of my ability the information on this form is true and accurate.

Signature of Applicant or Responsible Case Worker

Date



**Please answer all questions to explore
your money management strength.**

1. How do you feel about your current financial circumstance?

- 1) Terrible/Not Good 2) Fair/Good 3) Great

2. What is your level of money management?

- 1) Not at all 2) Rarely/Occasionally 3) Weekly/Monthly

3. How timely do you pay your bills?

- 1) Some late payments 2) Usually on time 3) Always on time

4. Do you have a budget which you use to manage your money?

- 1) No 2) Yes, but informal 3) Yes, and in writing

5. How often do you track your spending?

- 1) Never/Rarely 2) Only when I need too 3) Weekly/Monthly

6. When was the last time you actively worked to reduce your expenses?

- 1) Never 2) Only when I need to 3) Weekly/Monthly

7. Do you run out of money before the end of the month?

- 1) Always/Usually 2) Occasionally 3) Rarely/Never

8. How many credit cards do you have?

- 1) 6 or more 2) 3 to 5 3) 0 to 2

9. How many of your cards are store cards (Kohls, Lowes, etc)?

- 1) 4 or more 2) 1 to 3 3) None

10. How much credit card debt do you have?

- 1) Unsure/ \$20,000+ 2) \$5,000 - \$20,000 3) Under \$5,000

11. Do you know the interest rates on all your credit cards? 1) No 2) Yes

12. Have you received calls/letters from collection agencies? 1) Yes 2) No

13. When is the last time you pulled your credit reports?

- 1) Never 2) 2 to 5 years ago 3) Within the last 2 years

14. When spending money, do you recognize "need" vs "want"?

1) Never

2) Sometimes

3) Always

15. Do you have a checking account?

1) No

2) Yes

16. Do you have a savings account/emergency fund?

1) No

2) Yes

17. Do you save money each month?

1) No

2) Yes

18. Do you contribute to your retirement monthly?

1) No

2) Yes

19. Have you ever spoke with a Retirement Planner?

1) No

2) Yes

How to Understand Your Money Management Strength

Add up the numbers in front of your answers and compare it to the chart below.

Your Money-Wise Score: _____

It's time to gain control, and there's no better time than now!	You have some of the basics. It's time to learn more to strengthen your money management skills.	Good, and with some guidance you can get even better!	Congratulations! You are practicing great money management skills.
Under 20	20 - 29	30 - 39	40 - 50

For help gaining control of your finances, call us at 315-376-8202 ext. 230 and ask about our free

Financial Empowerment Program.



Budgeting

- B1** How would you describe your current financial position?
- Saving on a regular basis - bills are paid and savings is growing
 - Maintaining but without saving, all bills are up to date, but can't seem to get ahead
 - Daily debt - behind on more than one bill/payment
- B2** In the last 12 months, did any of the following happen to you? (check all that apply)
- Fell behind in rent or mortgage
 - Pressured by bill collectors
 - Had utilities (water, heat, or electric) shut off
 - None of the above
- B3** How would you describe your relationship with money?
- Hopeless - overwhelmed by debt or lack of resources
 - Tolerable - getting by
 - Pessimistic - believing that lack of job, economy, financial circumstances prevent improvement
 - Optimistic - bills are current, building saving habits

Employment

- E1** Which best describes your employment?
- I work at least 35 hours/week with an income above minimum wage
 - I work at least 35 hours/week with an income at minimum wage
 - I work part time
 - I'm currently unemployed
- E2** If looking for work, what have been the reasons for not finding/keeping a job?
- No problems, I have a job
 - I have a part-time job but need more hours
 - Don't know where/how to search for work
 - Needed tools/clothing/equipment
 - Transportation
 - Affordable child care
 - No regular place to sleep at night
 - No telephone

Housing

- H1** Which best describes your housing situation?
- I own my own home with no fear of foreclosure
 - I own my own home, but am fearful of losing it because I can't make the payments
 - I rent housing with no rental subsidy
 - I rent housing but receive a housing assistance subsidy
 - I am homeless, live with others, or at risk of eviction

Food

F1 Which best describes your situation?

- I have sufficient food, as well as the money needed to provide food for my family
- I have sufficient food - made possible by the use of food pantries, food stamps, etc.
- I have no food and no way of getting food

F2 In the last 12 months, have you or anyone in your home ...

- Gone hungry because there was not enough food available
- Skipped or cut the size of a meal because there wasn't enough money for food
- Accessed a food pantry
- Received food stamps
- Received WIC
- Utilized the school breakfast/lunch program
- Received meals from a senior meal program
- Utilized children's summer food program
- None of the above

Safety

S1 Which best describes your living situation?

- I live in a safe environment
- I currently live in a safe environment, however I need periodic advocacy to assist with ongoing challenges
- I do not live in a safe environment. Me (or my family members) are in critical danger or harm.

S2 In the past 12 months, have you been the victim of ...

- Domestic Violence
- Rape
- Burglary
- Assault
- Stalking
- DWI accident
- Identity theft
- None of the above

Transportation

T1 Which best describes your transportation needs?

- I have reliable transportation, as well as the money to pay for needed repairs and vehicle maintenance.
- I have transportation, however may need help with repairs and/or maintenance
- I have no transportation and no access to reliable transportation

Weatherization

W1 Which of the following best represents the condition of your residence (check one)

- Residence is relatively energy efficient
- Residence has been weatherized or has benefitted from some energy efficient repairs
- Residence has grossly inadequate insulation, windows, and or heating.