

DELTA COMMUNITY ACTION FOUNDATION, INC.

FAMILY PROFILE AND INTAKE FORM

**Intake sheet must be completely filled out*

Captain ID _____

Applicant Name _____ Type of Assistance _____ Date of Intake _____
First Last

Address _____ City _____ State _____ Zip Code _____ County _____ Telephone Number _____

All Adults in Household If more room is needed please use another intake.	D.O.B	Race	Age	Sex M/F	Completed Education Level	Disabled Y/N	Veteran Y/N	Health Ins. Y/N	Source of Income	Monthly Income Amount	Relationship To Applicant	Custodial Parent Y/N
1.										\$	SELF	
2.										\$		
3.										\$		
4.										\$		
Children in Home												
1.					CHILD					\$		
2.					CHILD					\$		
3.					CHILD					\$		
4.					CHILD					\$		
5.					CHILD					\$		

Family Type: Two Parent _____ Single Parent Mother _____ Single Parent Father _____ Individual _____ Two Adults (no children) _____ Multi Generation _____

Food Stamps: Y/N Amount: _____ Receive Child Support: Y/N Amount: _____ CDIB Card: Y/N

Housing: Own _____ Rent _____ Shelter _____ Homeless _____ Other _____

 In accordance with the Policies at the Oklahoma Department of Commerce, you are hereby informed that you have the right to appeal the decision made on this Application and you have the right to expeditious review of your appeal. Should you want to appeal, please contact the Executive Director of this agency, who will furnish you with a copy of the Appeals Procedure.

Do you declare that your income is no more than the income poverty guidelines? Y/N

Signature _____ Date _____

 I certify that by accepting this emergency food issuance, I disclaim any right to hold Delta Community Action or the Oklahoma City Food Bank responsible for the food. I further swear under penalty of the law that all information listed above is true to the best of my knowledge.

Signature _____ Date _____

Agency Use:

Funding Source _____ Check # _____ Amount Paid _____ Date Paid _____ Staff Signature _____

Income Verified by: _____ Date: _____

Photo ID Verified by: _____ Date: _____

Reason for services requested: _____

Case Notes: _____

Applications Given for DCAF Programs (Circle all that apply): Weatherization RX for Oklahoma HS/EHS Rental Housing

Referrals: _____

Was referral given for child support? Y/N Was application from DHS child support enforcement given? Y/N

Referral Application Given: _____

Date of Referral: _____ Staff Signature: _____

Captain Input (Signature): _____ Captain Input (Date): _____

Approval of Intake Completion (Signature): _____ Date: _____