



COMMUNITY ACTION AGENCY OF NEW HAVEN, INC.

419 Whalley Avenue, New Haven, CT 06511, (203) 387-7700

Universal Intake & Pre-Assessment Form

(Please Print in Ink Only)

Adults in Household ____ # Children in Household ____

First Name: _____ M.I.: _____ Last Name: _____

Social Security #: _____ Date of Birth: ____/____/____ Gender: Male / Female

Service Address: _____ # of Years at this address? ____

Address: _____ Apt: ____ Floor: ____

City Name: _____ State: _____ Zip: _____

Telephone #-Home: _____ Work: _____ Cellular: _____

Can we text you? ☐ Yes ☐ No Cellular Phone Provider: _____

Mailing Address (if different):

Address: _____ Apt: ____ Floor: ____

City Name: _____ State: _____ Zip: _____

What is the best way to contact you? ☐ Mail ☐ Telephone ☐ Cellular ☐ Email Email: _____

Emergency Contact: _____ Relationship: _____ Telephone: _____

Marital Status: ☐ Divorced ☐ Married ☐ Partner ☐ Separated ☐ Single ☐ Widowed

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Race: ☐ American Indian/Alaska Native ☐ Asian ☐ Biracial/Multi-Race ☐ White
☐ Black/African American ☐ Hawaiian/Pacific Island ☐ Other: _____

Education: ☐ 0-8th Grade ☐ 12+Some Post Secondary ☐ 2 or 4 Yr. College Graduate
☐ 9-12 Non-Graduate ☐ High School Grad/GED

Family Type: ☐ Single ☐ Single Parent Female ☐ Single Parent Male ☐ 2 Parent Household ☐ 2 Adults w/no children
☐ Other-Please Describe: _____

Residency (circle one): ☐ U. S. Citizen ☐ Employment Authorization ☐ Permanent Resident ☐ Other _____

Health Insurance: Y/N Veteran: Y/N SNAP (Food Stamps): Y / N Farmer: Y/N Are you Pregnant? Y/N

WIC Recipient: Y/N Disabled: Y/N Do you use a Wheelchair: Y/N

Are you a Registered Voter? ☐ Yes ☐ No

Do you live in Public Housing? ☐ Yes ☐ No Name of Complex: _____

Primary Language (circle one): English / Spanish / Other (please indicate): _____

Secondary Language (circle one): English / Spanish / Other (please indicate): _____

Are you receiving DSS Services? ☐ Husky ☐ SAGA Cash ☐ SNAP ☐ State Supplemental ☐ TFA

DSS Client ID/AU #: _____

How did you find out about us? ☐ HSI Referrals ☐ Internet/Webpage ☐ Newspaper ☐ Radio
☐ Parent Referral ☐ Recruitment ☐ Television ☐ Word of Mouth

Housing Status (circle one): Own / Rent / Homeless / Other (please indicate): _____

Subsidized Housing? Y/N ☐ Section 8 ☐ RAP ☐ Other _____ If yes, your portion: \$ _____

Dwelling Type (circle one): ☐ Single Family ☐ Two Family ☐ 3 to 5 Units ☐ 6 or more Units ☐ Condo
☐ Mobile Home ☐ In-Law Apartment ☐ Other _____ Monthly Rent/Mortgage \$ _____

Primary Source of Heat: ☐ Oil ☐ Natural Gas ☐ Electric ☐ Coal ☐ Kerosene ☐ Propane ☐ Wood ☐ Other
Primary Method of Paying for Heat: ☐ Payment to Vendor ☐ Heat in Rent

Landlord Info: First Name: _____ Last Name: _____
Address: _____ Apt: _____ Floor: _____
City _____ Zip: _____ State: _____
Telephone: _____

Checking Account? Y / N Savings Account? Y / N

Do you receive Child Support: Y/N

Do you currently pay child support? ☐ Yes ☐ No

Income Type #1: _____ Interval: Weekly / Bi-Weekly / Monthly / Other Amount \$ _____

Income Type #1: _____ Interval: Weekly / Bi-Weekly / Monthly / Other Amount \$ _____

Pre-Assessment Form

Employment:

Do you have a Job? ☐ Yes ☐ No ☐ Not Employed Is your job a full time job? ☐ Yes ☐ No

Training:

Have you ever completed a training program or received a certification to help you get a job? ☐ Yes ☐ No

Housing:

Are you homeless or in a shelter? ☐ Yes ☐ No Is your housing safe and affordable? ☐ Yes ☐ No

Education:

Have you earned a High School Diploma/G.E.D.? ☐ Yes ☐ No

Transportation:

Do you have access to a car, ride or public transportation on a regular basis? ☐ Yes ☐ No

Adult Health Insurance: Do all persons 18 years or older in your household have health insurance? ☐ Yes ☐ No

Child Health Insurance: Do you have children under 18 in your household? ☐ Yes ☐ No

Do all children in your household have health insurance? ☐ Yes ☐ No

Childcare:

Do you need childcare? ☐ Yes ☐ No ☐ N/A Can you afford childcare? ☐ Yes ☐ No

Eldercare:

Do you need care for an elderly person? ☐ Yes ☐ No Can you afford it? ☐ Yes ☐ No

Do you have at least once source of Income? ☐ Yes ☐ No

Check programs/services below that you are interested in.

- ☐ AACTS Program (New Haven Residents)
- ☐ Case Management Services
- ☐ Diaper Bank (New Haven Residents)
- ☐ Disabilities
- ☐ DSS Programs & Services
- ☐ Energy Assistance Program
- ☐ Fathers Matter Today
- ☐ Food Pantry (New Haven Residents)

- ☐ Manage Your Future (Youth)
- ☐ Mature Adults Activities Program
- ☐ Operation Fuel
- ☐ Passport Transitional Services (Homeless) Program
- ☐ SCGC MPP Program
- ☐ SMART Women
- ☐ Substance Abuse

- ☐ Surfing with Seniors
- ☐ VITA (During Tax Season)
- ☐ Warren Kimbro Reentry Program
- ☐ Weatherization
- ☐ Not Interested

Customer Confidentiality and Release of Information Consent

I give CAANH consent to release, obtain and share all pertinent identifying and non-confidential social, medical and other information about myself that will allow me to benefit from services offered. In granting such permission, I understand that such information will remain confidential and that such information will only be used for my benefit or to benefit the minor members of my family. I release CAANH and its staff from any legal liability for disclosing or acquiring information that I have permitted by signing this form. The statements made by me on this application are true, correct and complete to the best of my knowledge. This consent will be effective for one year beginning at the date of my signature on this form.

Did you receive assistance completing this form? ☐ Yes ☐ No

Triage Case Manager: _____

Applicant's Signature: _____ Date: _____

have explained to the customer listed above the purpose of this release and the disclosure that might reasonably be anticipated.

CAANH Staff printed name: _____ Date: _____