



County: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANT:**

Head of Household: (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_

House #: \_\_\_\_\_ Street: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_, Michigan Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Township: \_\_\_\_\_

Message Phone #: (\_\_\_\_) \_\_\_\_\_ Contact: \_\_\_\_\_

Monthly: \_\_\_\_\_ Annual (x12): \_\_\_\_\_  
Wages: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Unemp: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Soc.: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Pens.: \$ \_\_\_\_\_ \$ \_\_\_\_\_

SSI: \$ \_\_\_\_\_ \$ \_\_\_\_\_

FIP: \$ \_\_\_\_\_ \$ \_\_\_\_\_

SDA.: \$ \_\_\_\_\_ \$ \_\_\_\_\_

VA.: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Ch Sup: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Monthly: \_\_\_\_\_ Annual (x12): \_\_\_\_\_  
Total: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Household Size: \_\_\_\_\_

**Food Stamps-SNAP**  Yes  No

**FIP**  Yes  No

**CSFP**  Yes  No

**TEFAP**  Yes  No

**WIC**  Yes  No

**Free/Reduced Lunch-NSLP**  Yes  No

**Rent/Mortgage** Month: \$ \_\_\_\_\_ Annual (x12): \$ \_\_\_\_\_

**Housing Type**  Single Family  Homeless  Mobile Home  
 Apt. 2-4 Units  Apt. 5+ Units  Other

**Home Ownership**  Own  Rent  Subsidized  Land Contract

**Migrant**  Yes  No

**Transportation**  Own  Others  
 None  Public

**Primary Language**  English  Spanish  
 Other: \_\_\_\_\_

**Heating Fuel: (Pick one used most often)**  Natural Gas  Fuel Oil  
 Wood  Electric  
**Vendor Name:**  LP Gas  Coal  
\_\_\_\_\_  
 Other: \_\_\_\_\_

**Heating Cost** Month: \$ \_\_\_\_\_  
Annual (x12): \$ \_\_\_\_\_

**Weatherized**  Yes If so, Year \_\_\_\_\_  
 No

**Type(s) of Income Verification provided:**  W-2  Check Stub  Tax Return  Letter  Other: \_\_\_\_\_

**SUMMARY OF NEEDS:**

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**NOTE:** Some information gathered at intake is for the purpose of making referrals to meet other needs. It is not used to approve or deny participation in the USDA CSFP, TEFAP, and some other programs. All information is used to determine your eligibility for other programs and services offered by FiveCAP, Inc.

I certify that all the information which I provided is true and correct to the best of my knowledge. I further give my consent to FiveCAP, Inc. personnel to verify this information vital to the determination of eligibility and provision of services. I understand that refusal to provide requested documents of verifying information will result in an incomplete application and a denial of services will be used issued. Falsification of any information will also result in a denial of services and/or prosecution.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member Info.	Member 1		Member 2			Member 3			Member 4			Member 5			Member 6		
First Name																	
Middle Initial																	
Last Name																	
SP-Spouse SO-Significant Other GC-Grand Child	CH-Child SB-Sibling PT-Parent	Head of Household (HE)	SP SO	CH SB	GC PT	SP SO	CH SB	GC PT	SP SO	CH SB	GC PT	SP SO	CH SB	GC PT	SP SO	CH SB	GC PT
Sex	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
W-White H-Hispanic N-Native American	B-Black A-Asian O-Other	W H N	B A O	W H N	B A O	W H N	B A O	W H N	B A O	W H N	B A O	W H N	B A O	W H N	B A O		
Birthdate																	
Social Security Number																	
M-Married W-Widow S-Separated	N-Never Married D-Divorced	M W S	N D	M W S	N D	M W S	N D	M W S	N D	M W S	N D	M W S	N D	M W S	N D		
Highest Grade Completed																	
EF-Employed-Full EP-Employed-Part NA-Not Seeking	RE-Retired UN-Unempl.	EF EP NA	RE UN	EF EP NA	RE UN	EF EP NA	RE UN	EF EP NA	RE UN	EF EP NA	RE UN	EF EP NA	RE UN	EF EP NA	RE UN		
P-Physically Disabled M-Mentally Disabled D-Developmentally Disabled	M None	P D	M None	P D	M None	P D	M None	P D	M None	P D	M None	P D	M None	P D	M None		
Single Parent	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
Insurance: Y-Private MA-Medicaid	N-None MC-Medicare	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.	1. 2.		
Annual Income:	Wages:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____		
	Unempl.:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____		
	Soc. Sec.:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____		
	Pension:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____		
	SSI:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____		
	FIP:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____		
	SDA:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____		
	VA:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____		
	Child Supp.:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____		
	Other:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____		
	Total:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____		
Income Grand Total: \$ _____																	