



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

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

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

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

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

Most Recent Employer (name): \_\_\_\_\_ Currently Employed?  Yes  No

	Monthly:	Annual (x12):
Wages:	\$ _____	\$ _____
Wages:	\$ _____	\$ _____
Unemp:	\$ _____	\$ _____
Soc.:	\$ _____	\$ _____
Pens.:	\$ _____	\$ _____
SSI:	\$ _____	\$ _____
FIP:	\$ _____	\$ _____
SDA.:	\$ _____	\$ _____
STDA.:	\$ _____	\$ _____
VA.:	\$ _____	\$ _____
Ch Sup:	\$ _____	\$ _____
Other:	\$ _____	\$ _____
Rental, etc.:	\$ _____	\$ _____
Savings:	\$ _____	\$ _____
	Monthly:	Annual (x12):
Total:	\$ _____	\$ _____
Household Size:	_____	

<b>Food Stamps-SNAP</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
<b>FIP</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>CSFP</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>TEFAP</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>WIC</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Free/Reduced Lunch-NSLP</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Rent/Mortgage</b>	Month: \$ _____	Annual (x12): \$ _____
<b>Housing Type</b>	<input type="checkbox"/> Single Family <input type="checkbox"/> Homeless <input type="checkbox"/> Mobile Home <input type="checkbox"/> Apt. 2-4 Units <input type="checkbox"/> Apt. 5+ Units <input type="checkbox"/> Other	
<b>Home Ownership</b>	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Subsidized <input type="checkbox"/> Land Contract	
<b>Type(s) of Income Verification provided:</b>	<input type="checkbox"/> W-2 <input type="checkbox"/> Check Stub <input type="checkbox"/> Tax Return <input type="checkbox"/> Letter <input type="checkbox"/> Other: _____	

<b>Migrant:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Transportation:</b>	<input type="checkbox"/> Own <input type="checkbox"/> Others <input type="checkbox"/> None <input type="checkbox"/> Public
<b>Car Note:</b> \$ _____	
<b>Primary Language:</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____
<b>Primary Heating Fuel:</b>	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Wood <input type="checkbox"/> Electric <input type="checkbox"/> LP Gas <input type="checkbox"/> Coal <input type="checkbox"/> Other: _____
<b>Vendor Name:</b>	_____
<b>Heating Cost:</b>	Month: \$ _____ Annual (x12): \$ _____
<b>Electricity Cost:</b>	Month: \$ _____ Annual (x12): \$ _____
<b>Weatherized:</b>	<input type="checkbox"/> Yes If so, Year _____ <input type="checkbox"/> No

**IF NO INCOME, HOW IS APPLICANT MEETING NEEDS? (i.e. food, shelter, transportation, utilities, etc.) PROVIDE EXPLANATION:**

\_\_\_\_\_

\_\_\_\_\_

**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 (HH)	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: \$ _____																	