BRIDGES CAP INTAKE FORM

Please print all information

Last Name	First Name	M.I.	SS #
			- -

Street Address	Sex M F	Date of Birth
City	Telephone Number - -	

Zip	How many people live in your household, including yourself	Cell Phone or Contact Person Phone Number - -	Contact Name

Please check all that apply | **Please check all that apply**

ETHNICITY	HOUSE TYPE	EDUCATION	SOURCES OF HOUSEHOLD INCOME	
Black	Single Parent/female	0-8	Employment	Pensions
White	Single Parent/male	9-12 Non-GRAD	Unemployment	Disability
Hispanic	Two Parent	HS Grad./GED	Social Security	Other
Nat. American	Single Person	12+	AFDC-OWF	Food Stamps
Asian	Couple	Unknown	General Assistance	Child Support (received)
Other	Other	College Grad.	SSI / SSDI	Child Support (paid out)

Case number for: cash asst., food stamps, or medical assistance:

Circle One
Homeless Rent Own

Do you receive rental assistance?

Income___________________

How often are you paid-
monthly ( ) weekly ( )
bi-weekly ( ) annually ( )

Which most closely describes the home you live in:

Mobile Home___ Single Family___
Low Rise Apartment (3 stories or less)___
High-rise Apartment (4 stories or more)___
2 unit___ 4 unit plus ___

Landlord Name:
Address
City, State, Zip
Phone Number

Disabled Y / N
Veteran Y / N

Type of Health Insurance: Medicaid___
Medicare__ Private__ Self- insured__ None __

Would you like to apply for weatherization services?

LIST HOUSEHOLD MEMBERS

Last Name, First Name	MI	Sex	DOB	SS#	Relationship to applicant	Type of Health Insurance	Education	Ethnicity	Disabled	Veteran

I CERTIFY THAT THIS STATEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND AUTHORIZE THE RELEASE OF ANY OR ALL INFORMATION NECESSARY FOR VERIFICATION PURPOSES.

(signature of Client) (Date)

for office use only **WEATHERIZATION PRIORITY POINTS**	
Priority	
Traditional	

do not write below this line ***for office use only***

	Refered to	**Refused**	**Why?**
	HWAP/SE		
	FDS		
	VITA		

Tracker and Roma Codes	New Client	Gross Monthly Income	Intake By
	New to County	Gross Yearly Income	Date
	Update		