

CONCORDIA COMMUNITY DEVELOPMENT CENTER
P.O. BOX 716
FERRIDAY, LA. 71334

INTAKE APPLICATION

DATE: _____

SOCIAL SECURITY: _____

NAME: _____

ADDRESS: _____

Gender: Male: _____ Female: _____ Total _____	Age: 0-5 _____ 24-44 _____ 6-11 _____ 45-54 _____ 12-17 _____ 55-69 _____ 18-23 _____ 70+ _____ Total _____	Education: 0-8 _____ 0-12 _____ High School Graduate _____ 12+ _____ College Graduate _____ Total _____
Race: Black _____ White _____ Hispanic _____ Other _____ Total _____	Family Type: Single Parent/Female _____ Single Parent/Male _____ Two Parent _____ Single Person _____ Two Adults/No Child _____ Total _____	Source of Family Income: No Income _____ Social Security _____ SSI _____ General Assistance _____ Retirement _____ Unemployment _____ Employment _____ TANF _____ Employment + Other _____ Other _____ TOTAL _____
Health Insurance: Have Ins. _____ No Ins. _____ Disable _____ Total _____	Housing: Own _____ Rent _____ Staying w/ Relative _____ Homeless _____ Total _____	Level of Income (% HHS Guidelines): Up to 75% _____ 76% to 100% _____ 101% to 151% _____ 152% & over _____ Total _____

Other Family Characteristics: _____ Receives Food Stamps _____ Migrant Farmer _____ S/Farmer _____

List All Household Members

Name	Age	Relationship

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I certify that the above information is true and correct to the best of my knowledge. I am aware that incorrect or false information may result in termination from the program, repayment of funds and/or prosecution for perjury in a serious offense.

Applicant's Signature: _____

Date: _____

Interview's Signature: _____

Date: _____

Agency Programs

<u>Programs Eligible for</u>	<u>Date of Application</u>	<u>Date Service Received</u>	<u>Date Follow Up Must Be Completed</u>
_____ WAP	_____	_____	_____
_____ LIHEAP	_____	_____	_____
_____ Needy Family	_____	_____	_____
_____ CSBG	_____	_____	_____
_____	_____	_____	_____
_____ EF&S	_____	_____	_____
_____ JTPA	_____	_____	_____
_____ Section 8	_____	_____	_____
_____ Other (List)	_____	_____	_____
_____ Other (List)	_____	_____	_____
_____ Other (List)	_____	_____	_____