KV CAP Building Stronger Individuals, Families and Communities
Kennebec Valley Community Action Program

Universal Intake Form

Basic Household and Primary Contact Info

Date of Intake: _____

Intake Staff: _____

Primary Contact Information

First Name _____ Middle Name _____ Last Name _____ Suffix _____

SS# (last 4) _____ Date of Birth _____ Gender _____ Race (can list more than one) _____

Phone number(s): _____ Permission to text? ☐ Yes ☐ No

Ethnicity: ☐ Hispanic ☐ Non-Hispanic/Not Latino

Email: _____ Languages: _____

Disability: ☐ Disabled ☐ Not Disabled

Receiving Case Management? ☐ Yes ☐ No

Marital Status
- ☐ Single
- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Other

Health Insurance
- ☐ MaineCare
- ☐ Medicare
- ☐ Cub Care
- ☐ Direct Purchase
- ☐ Employer Based
- ☐ Military
- ☐ Other:_____

Veteran Status
- ☐ Active Duty
- ☐ Veteran
- ☐ Not Applicable

Highest Level of Education
- ☐ Less than 8th grade
- ☐ Some high school
- ☐ High School
- ☐ GED/HISET
- ☐ Some College
- ☐ Associate's
- ☐ Bachelor's
- ☐ Master's or Higher
- ☐ Other post-secondary

Employment
- ☐ Full-time (inc. self-emp)
- ☐ Part-time
- ☐ Migrant Seas. Farm Work
- ☐ Retired
- ☐ Unemployed <6 months
- ☐ Unemployed >6 months
- ☐ Not in Labor Force-Not Seeking Work

_____
Employer (if applicable)

Currently enrolled in school? ☐ Yes ☐ No

_____
School (if applicable)

Basic Household Information

Housing Status
- ☐ Own ☐ Homeless
- ☐ Rent ☐ Other:_____
- ☐ Live with friends or family

Is your housing situation…. (check all that apply)
- ☐ Safe? ☐ Affordable?
- ☐ Consistent? ☐ Comfortable?

Type of Dwelling: ☐ Apartment ☐ House ☐ Mobile Home ☐ Condo ☐ Other:_____

Family Type
- ☐ Single person
- ☐ Two adults
- ☐ Multigenerational
- ☐ Non-related adults with children
- ☐ Two-parent
- ☐ Single parent female
- ☐ Single parent male
- ☐ Other:_____

Physical Address

Date Moved In (approximate): _____ County: _____

Address 1 _____ Address 2 _____ Zip Code _____ City _____ State _____

Mailing Address

☐ Mailing address same as physical address.

Date Moved In: _____ County: _____

Address 1 _____ Address 2 _____ Zip Code _____ City _____ State _____

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Additional Household Members: Ages 14 and Older

Repeat as needed for all household members

☐ There are no additional household members ages 14 or older.

Additional Household Member Contact Information

First Name _____ Middle Name _____ Last Name _____ Suffix _____

SS# (last 4) _____ Date of Birth _____ Gender _____ Race (can list more than one) _____

Phone number(s): _____ Permission to text? ☐ Yes ☐ No Ethnicity: ☐ Hispanic ☐ Non-Hispanic/Not Latino

Relationship to Primary Contact:_____ Email:_____ Languages: _____

Marital Status
☐ Single
☐ Married
☐ Separated
☐ Divorced
☐ Widowed
☐ Other

Health Insurance
☐ MaineCare
☐ Medicare
☐ Cub Care
☐ Direct Purchase
☐ Employer Based
☐ Military
☐Other:_____

Veteran Status
☐ Active Duty
☐ Veteran
☐ Not Applicable

Highest Level of Education
☐ Less than 8th grade
☐ Some high school
☐ High School
☐ GED/HISET
☐ Some College
☐ Associate's
☐ Bachelor's
☐ Master's or Higher
☐ Other post-secondary

Employment
☐ Full-time (inc. self-emp)
☐ Part-time
☐ Migrant Seas. Farm Work
☐ Retired
☐ Unemployed <6 months
☐ Unemployed >6 months
☐ Not in Labor Force-Not Seeking Work

_____
Employer (if applicable)

Currently enrolled in school? ☐ Yes ☐ No

_____
School (if applicable)

Disability Status: ☐ Disabled ☐ Not Disabled
Receiving Case Management? ☐ Yes ☐ No

Additional Household Member Contact Information

First Name _____ Middle Name _____ Last Name _____ Suffix _____

SS# (last 4) _____ Date of Birth _____ Gender _____ Race (can list more than one) _____

Phone number(s): _____ Permission to text? ☐ Yes ☐ No Ethnicity: ☐ Hispanic ☐ Non-Hispanic/Not Latino

Relationship to Primary Contact:_____ Email:_____ Languages: _____

Marital Status
☐ Single
☐ Married
☐ Separated
☐ Divorced
☐ Widowed
☐ Other

Health Insurance
☐ MaineCare
☐ Medicare
☐ Cub Care
☐ Direct Purchase
☐ Employer Based
☐ Military
☐Other:_____

Veteran Status
☐ Active Duty
☐ Veteran
☐ Not Applicable

Highest Level of Education
☐ Less than 8th grade
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Employment
☐ Full-time (inc. self-emp)
☐ Part-time
☐ Migrant Seas. Farm Work
☐ Retired
☐ Unemployed <6 months
☐ Unemployed >6 months
☐ Not in Labor Force-Not Seeking Work

_____
Employer (if applicable)

Currently enrolled in school? ☐ Yes ☐ No

_____
School (if applicable)

Disability Status: ☐ Disabled ☐ Not Disabled
Receiving Case Management? ☐ Yes ☐ No

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Additional Household Members: Children 13 and Under, including prenatal

Repeat as needed for all household members

☐ There are no additional household members ages 13 or younger.

Additional Child Household Member Contact Information

First Name _____ Middle Name _____ Last Name _____ Suffix _____

SS# (last 4) _____ Date of Birth _____ Gender _____ Race (can list more than one) _____

Ethnicity: ☐ Hispanic ☐ Non-Hispanic/Not Latino Languages: _____ Disability: ☐ Disabled ☐ Not Disabled

Health Insurance: ☐ MaineCare ☐ Medicare ☐ Cub Care ☐ Direct Purchase ☐ Employer Based ☐ Military ☐Other:_____

Relationship to Primary Contact:_____ Is DHHS Child Welfare currently involved? ☐ Yes ☐ No Receiving Case Management? ☐ Yes ☐ No

Additional Child Household Member Contact Information

First Name _____ Middle Name _____ Last Name _____ Suffix _____

SS# (last 4) _____ Date of Birth _____ Gender _____ Race (can list more than one) _____

Ethnicity: ☐ Hispanic ☐ Non-Hispanic/Not Latino Languages: _____ Disability: ☐ Disabled ☐ Not Disabled

Health Insurance: ☐ MaineCare ☐ Medicare ☐ Cub Care ☐ Direct Purchase ☐ Employer Based ☐ Military ☐Other:_____

Relationship to Primary Contact:_____ Is DHHS Child Welfare currently involved? ☐ Yes ☐ No Receiving Case Management? ☐ Yes ☐ No

Expected family additions: pregnancies, adoptions, etc.

First Name _____ Middle Name _____ Last Name _____ Suffix _____

Date of Birth/Expected Due Date: _____ Gender: _____ Relationship to Primary Contact:_____

Bio mother receiving prenatal care? ☐ Yes ☐ No

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Additional Household Information

Additional Household Information

Number of People in Household: _____ Est. Gross Monthly Household Income: _____ Do you have reliable transportation? ☐ Yes ☐ No

Does anyone in your household need more information or have unmet needs related to the following topics?		
Yes	No	
		Budgeting/Financial Services
		Car Seats
		Case Management
		Child Care or Head Start
		Child Support
		Citizenship/Immigration
		Dental Care
		Disabilities
		Domestic Violence
		Education
		Employment
		English Language Learning
		Food/Hunger
		Health Care
		Heating/Energy Assistance
		Home Visiting for Children
		Housing
		Legal Assistance
		Mental Health
		Nutrition
		Parenting Education
		Substance Abuse/Addiction
		Transportation (inc. Driver's License)
		Weatherization & Home Repair
		Other:
		Other:

Is there anything else that's important for us to know about you or your family?

I understand and agree to the following statements about this application:

- The information is correct to the best of my knowledge.
- Information will be stored in a secured electronic record system by KVCAP.
- KVCAP will assure privacy and confidentiality per agency policies and relevant laws.
- KVCAP may access my information to:
  - Determine program eligibility
  - Support service delivery
  - Show compliance with funder requirements
- Personal information will be de-identified (no names) unless required for the specific program(s) I choose to participate in.
- Additional information may be required to determine eligibility for specific KVCAP programs.

Primary Applicant Signature _____ **Date** _____

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Household Benefits & Income

Repeat as needed for all household members

Household Benefits

Please check all benefits received within the household.

- ☐ SNAP
- ☐ WIC
- ☐ HUD VASH
- ☐ Energy Assistance
- ☐ Child Care Subsidy
- ☐ Public Housing
- ☐ Housing Choice Voucher
- ☐ Permanent Supportive Housing
- ☐ Affordable Care Act Subsidy
- ☐ Other:_____
- ☐ Other:_____
- ☐ Other:_____

Income

Income sources include: employment, self-employment, SSI, SSDI, TANF, VA service-connected disability compensation, VA non-service connected disability pension, private disability insurance, worker's compensation, retirement income from Social Security, pension, child support, alimony or spousal support, unemployment insurance, EITC, other. SNAP and other benefits above may be counted as income in some programs.

☐ This household has no income.

Individual Household Member Income

Name:_____ DOB:_____ ☐ This individual has no income.

	Income Source	Amount	Weekly	Bi-Weekly	Semi-Monthly	Monthly	Annually	Documentation (if needed)
1								
2								
3								
4								

Individual Household Member Income

Name:_____ DOB:_____ ☐ This individual has no income.

	Income Source	Amount	Weekly	Bi-Weekly	Semi-Monthly	Monthly	Annually	Documentation (if needed)
1								
2								
3								
4								

Staff verification of income information

_____ Name

_____ Signature

_____ Date

KVCAP Building Stronger Individuals, Families and Communities
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Early Care & Education

Additional Application Information

Applicant Name:_____ Option Preference: ☐ Pre-K ☐ Child Care ☐ Home Visiting ☐ Not Sure

Does your child(ren) have another parent not living in your household? ☐ Yes ☐ No *If yes, please complete reverse side of this application.*

Additional Child Info

Child 1 Name: _____ MaineCare ID or Other Health Insurance Name and ID:_____

Does your child have a diagnosed special need (IFSP/IEP, therapies, etc.)?
☐ Yes ☐ No If yes, please describe:

Does your child have any health, nutritional or developmental concerns including allergies and asthma? ☐ Yes ☐ No If yes, please describe:

Child 2 Name: _____ MaineCare ID or Other Health Insurance Name and ID:_____

Does your child have a diagnosed special need (IFSP/IEP, therapies, etc.)?
☐ Yes ☐ No If yes, please describe:

Does your child have any health, nutritional or developmental concerns including allergies and asthma? ☐ Yes ☐ No If yes, please describe:

Child 3 Name: _____ MaineCare ID or Other Health Insurance Name and ID:_____

Does your child have a diagnosed special need (IFSP/IEP, therapies, etc.)?
☐ Yes ☐ No If yes, please describe:

Does your child have any health, nutritional or developmental concerns including allergies and asthma? ☐ Yes ☐ No If yes, please describe:

I understand that this application serves as an application for preschool, Early Head Start, Head Start or Early Head Start-Child Care Partnership services and may be shared with collaborative partners. I understand that this information may be provided to the State of Maine for the administration of this program.

Parent/Guardian Signature: _____
Date: _____

I give permission for KVCAP C&FS to conduct the following screenings for my child: ◆ Height/Weight ◆Blood Pressure ◆Hearing/Vision ◆Developmental

The results of screenings will be discussed with parents/guardians along with any recommendations for follow-up that may be indicated from the screenings.

Parent/Guardian Signature: _____
Date: _____

Please provide the following with application – assistance is available if needed

- ☐ **Copy of Official Birth Certificate (Certificate of Vital Record)**
- ☐ **Copy of the current Immunization record**
- ☐ **Proof of Household Income (Paystubs, TANF, SSI, Unemployment, Child Support, etc)**
- ☐ **Copy of MaineCare card or other Health Insurance card**

KVCAP Child & Family Services offers programming through Head Start and Early Head Start partnerships.

Parent/Guardian Not Living in the Home

First Name _____ Last Name _____ Relationship to Child _____ _____

SS# (last 4) _____ Date of Birth _____ Gender _____ Race (can list more than one) _____

Phone number(s): _____ Permission to text? ☐ Yes ☐ No Ethnicity: ☐ Hispanic ☐ Non-Hispanic/Not Latino

Email: _____ Languages: _____ Disability: ☐ Disabled ☐ Not Disabled

Receiving Case Management? ☐ Yes ☐ No

Marital Status
☐ Single
☐ Married
☐ Separated
☐ Divorced
☐ Widowed
☐ Other

Health Insurance
☐ MaineCare
☐ Medicare
☐ Cub Care
☐ Direct Purchase
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Veteran Status
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Employment
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☐ Part-time
☐ Migrant Seas. Farm Work
☐ Retired
☐ Unemployed <6 months
☐ Unemployed >6 months
☐ Not in Labor Force-Not Seeking Work

_____
Employer (if applicable)

Currently enrolled in school? ☐ Yes ☐ No

_____
School (if applicable)

Parent/Guardian Not Living in the Home

First Name _____ Last Name _____ Relationship to Child _____ _____

SS# (last 4) _____ Date of Birth _____ Gender _____ Race (can list more than one) _____

Phone number(s): _____ Permission to text? ☐ Yes ☐ No Ethnicity: ☐ Hispanic ☐ Non-Hispanic/Not Latino

Email: _____ Languages: _____ Disability: ☐ Disabled ☐ Not Disabled

Receiving Case Management? ☐ Yes ☐ No

Marital Status
☐ Single
☐ Married
☐ Separated
☐ Divorced
☐ Widowed
☐ Other

Health Insurance
☐ MaineCare
☐ Medicare
☐ Cub Care
☐ Direct Purchase
☐ Employer Based
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☐ Unemployed >6 months
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_____
Employer (if applicable)

Currently enrolled in school? ☐ Yes ☐ No

_____
School (if applicable)