

Somerset Community Action Program, Inc.

INITIAL INTAKE FORM

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephon \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

S.S. Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Marital Status \_\_\_\_\_ Gender: M/F Race/Ethnicity \_\_\_\_\_

What is the primary language spoken \_\_\_ English \_\_\_ Spanish \_\_\_ Other

Highest level of education completed: 0-8 \_\_\_ 9-12 \_\_\_ HS

Graduate \_\_\_ GED \_\_\_ 12+ \_\_\_ Associates Degree \_\_\_ 4 yr degree \_\_\_ Post Graduate \_\_\_ Other \_\_\_

Do you have a disability? Yes \_\_\_ No \_\_\_ If yes, please explain \_\_\_\_\_

Do you have Health Insurance? Yes \_\_\_ No \_\_\_ Name of Carrier \_\_\_\_\_

Are you currently employed? Yes \_\_\_ No \_\_\_ If yes, where \_\_\_\_\_

Is this your first time applying for assistance from SCAP? Yes \_\_\_ No \_\_\_

Please check off the following programs you are interested in:

<input type="checkbox"/>	<b>Entrepreneurial Skills Training</b>	<input type="checkbox"/>	<b>Driver's License Restoration</b>
<input type="checkbox"/>	<b>Early Childhood Education on the Job Training Program</b>	<input type="checkbox"/>	<b>Food Voucher</b>
<input type="checkbox"/>	<b>Weatherization Assistance Program</b>	<input type="checkbox"/>	<b>Summer Program</b>
<input type="checkbox"/>	<b>Infant/Toddler Care Ages 3 mo-3y</b>	<input type="checkbox"/>	<b>Daycare Ages 3y-5y</b>
<input type="checkbox"/>	<b>College/SAT Preparation</b>	<input type="checkbox"/>	<b>Microloan Program</b>
<input type="checkbox"/>	<b>Financial Literacy</b>	<input type="checkbox"/>	<b>NJSHARES</b>
<input type="checkbox"/>	<b>Security Deposit Assistance</b>	<input type="checkbox"/>	<b>Eviction Prevention</b>

Type of Residence: \_\_\_ Homeowner \_\_\_ Renter \_\_\_ Public Housing \_\_\_ Shelter  
\_\_\_ Section 8

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I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE INFORMATION PROVIDED BY ME IN THIS APPLICATION IS TRUE AND CORRECT.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE