

CPC APPLICATION – ELECTRONIC

APPLICANT INFORMATION

NAME: _____ PHONE: _____
ADDRESS: _____ COUNTY: _____
BIRTHDATE: _____
SOCIAL SECURITY NUMBER: _____ GENDER: ___ Female ___ Male STATE ID: _____
Time at Current Address: ___ Years ___ Months Time in This County: ___ Years ___ Months

ETHNICITY

___ (0) Unknown; ___ (1) White, not Hispanic ___ (2) African American, not Hispanic ___ (3) American Indian
___ (4) Asian or Pacific Islander ___ (5) Hispanic ___ (6) Other (e.g. Biracial, Sudanese, etc.)

LIVING ARRANGEMENT

___ (1) Lives alone ___ (2) Lives with relatives ___ (3) Lives with persons unrelated

SPOUSE / SIGNIFICANT OTHER

NAME: _____ Relationship: _____ Total Number in Household: _____

MARITAL STATUS

___ (1) Single ___ (2) Married ___ (3) Divorced ___ (4) Separated ___ (5) Widowed

OTHERS IN HOUSEHOLD

NAME	RELATIONSHIP	BIRTHDATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MOTHER: _____ FATHER: _____
ADDRESS: _____ ADDRESS: _____
PHONE: _____ PHONE: _____

EMERGENCY CONTACT

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ PHONE: _____

LEGAL GUARDIAN

___ (1) Self ___ (2) Other: ___ Guardian ___ Conservator ___ Payee
NAME: _____ PHONE: _____
ADDRESS: _____

RESIDENTIAL ARRANGEMENT

___ (1) Private residence ___ (2) State MHI ___ (3) State Resource Center ___ (4) CSALA
___ (5) Foster Care / Family Life Home ___ (6) RCF ___ (7) RCF/MR ___ (8) RCF/PMI ___ (9) ICF
___ (10) ICF/MR ___ (11) ICF/PMI ___ (12) Correctional facility ___ (13) Shelter ___ (14) Other

APPLICANT'S NEED FOR ASSISTANCE

(Describe: diagnosis, IQ, etc.)

MENTAL DISABILITY: _____

PHYSICAL DISABILITY: _____

EMOTIONAL ILLNESS: _____

OTHER NEED: _____

FINANCIAL INFORMATION

CURRENT MONTHLY INCOME:

Employment wages: \$ _____

Public Assistance: \$ _____

Social Security: \$ _____

Social Security Disability: \$ _____

SSI: \$ _____

Veterans benefits: \$ _____

Railroad pension: \$ _____

Child support: \$ _____

Dividends / interest: \$ _____

Other: \$ _____

TOTAL INCOME: \$ _____

RESOURCES:

Cash on hand: \$ _____

Checking: \$ _____

Savings: \$ _____

Stocks / bonds: \$ _____

CDs: \$ _____

Trust fund(s): \$ _____

Property: \$ _____

Other: \$ _____

Other: \$ _____

Other: \$ _____

TOTAL RESOURCES: \$ _____

EMPLOYMENT STATUS

____ (1) Unemployed, available ____ (2) Unemployed, unavailable ____ (3) Employed, full-time ____ (4) Employed, part-time

____ (5) Retired ____ (6) Student ____ (7) Work activity ____ (8) Sheltered work

____ (9) Supported employment ____ (10) Vocational Rehabilitation ____ (14) Other _____

VETERAN STATUS

____ YES ____ NO Branch: _____ Dates: _____

EDUCATION

____ Grade school (8) ____ High school (12) ____ Trade/technical (14) ____ College (16+)

School if currently enrolled: _____

SERVICES / ASSISTANCE NEEDED

____ Housing ____ Employment ____ Transportation ____ Mental health services

____ Health care ____ Financial support ____ In-home services ____ Personal assistance

____ Education ____ Family support ____ Case / service management ____ Skill development

____ Other (please describe): _____

LEGAL STATUS

____ (1) Voluntary ____ (2) Involuntary, civil commitment ____ (3) Involuntary, criminal commitment

EMPLOYMENT HISTORY (list from current or most recent to previous)

EMPLOYER	CITY	JOB DUTIES	FROM	TO
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

HEALTH INSURANCE

____ (1) Self-insured ____ (2) Insured by employer ____ (3) Medicare ____ (4) Medicaid ____ (5) No insurance
Policy number: _____ Company name: _____

REFERRED BY

____ Self ____ Local DHS ____ Public Health Nurse ____ Sheriff / Police ____ Private agency
____ Family or friends ____ Case manager ____ General relief ____ Doctor / clinic _____

SERVICES CURRENTLY RECEIVED

TYPE	PROVIDER	CITY	FROM	TO
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LEGAL SETTLEMENT

List previous addresses & services		Were services received while at this address?				
1. STREET ADDRESS	CITY	STATE	FROM	TO	YES	NO
_____	_____	_____	_____	_____	_____	_____
Services received at this address: _____		Name of service provider	Type of service	From	To	
2. STREET ADDRESS	CITY	STATE	FROM	TO	YES	NO
_____	_____	_____	_____	_____	_____	_____
Services received at this address: _____		Name of service provider	Type of service	From	To	
3. STREET ADDRESS	CITY	STATE	FROM	TO	YES	NO
_____	_____	_____	_____	_____	_____	_____
Services received at this address: _____		Name of service provider	Type of service	From	To	

AUTHORIZATION CPC may use Social Security Number as a unique identifier: ____ Yes ____ No

CURRENT CASE-WORKER / MANAGER

NAME: _____ PHONE: _____

NAME OF PERSON COMPLETING FORM

RELATIONSHIP TO APPLICANT

<p><u>PLEASE READ BEFORE SIGNING</u></p> <p>I do solemnly swear or affirm that the information is true and correct. I do further authorize the County Central Point of Coordination Administrator to investigate and verify this</p>
