

OPERATION THRESHOLD - INTAKE FORM

Last Name _____ First Name _____ Middle _____
 Street Address _____ Mailing Address (if different) _____
 City _____ State _____ Zip _____
 (_____) _____
 Phone Number _____

KEY CARD APPLICATION

HMN	NAME	DATE OF BIRTH	Relation to Head of HH	Sex	SOCIAL SECURITY NUMBER	Ethnic	Disability	Health Insurance	Education Level	Marital Status	Veteran

TOTAL HOUSEHOLD MEMBERS: _____

HMN	INCOME SOURCES (Please list all and identify by HMN)	RATE OF PAY	INCOME	
			<input type="checkbox"/> 3 MONTH	<input type="checkbox"/> 12 MONTH

Households receiving the following assistance are automatically eligible for a Key Card:

LIHEAP (Low Income Home Energy Assistance Program)

WIC

FIP

SSI

FOOD STAMPS

MEDICAID/TITLE 19

TOTAL HOUSEHOLD INCOME: _____

FAMILY TYPE:

- Single female with children
 Single male with children
 Single person
 Two parents with children
 Two adults without children
 Other

HOUSING STATUS: (check one)

- Rent
 Own
 Buy
 Homeless
 Other _____

If homeless, indicate housing situation _____

ARE YOU OR ANY HOUSEHOLD MEMBER:

- A farmer
 A migrant farm worker
 A seasonal farm worker
 Receiving Food Stamps
 Receiving General Assistance

HOW MANY HOUSEHOLD MEMBERS ARE:

- _____ A U.S. citizen
 _____ A Native American
 _____ 60 or older
 _____ 3 or younger
 _____ Homebound
 _____ Disabled

ARE YOU OR ANY FAMILY MEMBER RECEIVING:

- Unemployment Benefits
 Social Security
 SSI
 FIP
 Veterans Assistance
 Child Support

I certify under penalty of perjury the above information is true. I give permission to the agency processing this application to acquire additional information and to share information with other organizations for the purposes of providing services to assist my household. This sharing of information is to be conducted with maximum respect for the confidentiality of the information contained in this application.

I am hereby making application for the Cedar Valley Key Card Program. I further certify the following: I declare that I am the only person in the household who has or will apply for this program. Any willful misrepresentation of the information on this form is subject to a penalty of law. I understand this statement.

Signature _____

Date _____