

<b>Intake Date</b> ____/____/____ MM            DD            YYYY	<b>Staff Completing Intake</b> _____
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**Address / Demographics**

**First Name** \_\_\_\_\_ **MI** \_\_\_\_\_ **Last Name** \_\_\_\_\_ **Suffix** \_\_\_\_\_

<b>Mailing Address</b>	_____ _____ _____ CITY            STATE            ZIP CODE	<b>Physical Address</b>	_____ _____ _____ CITY            STATE            ZIP CODE
<b>Phone</b>	Home- (____) ____ - ____ Cell- (____) ____ - ____ Work- (____) ____ - ____ X____	<b>Message</b>	Phone- (____) ____ - ____ E-mail- _____ <input type="checkbox"/> Block from Search
<b>SS#</b>	_____ - _____ - _____ <input type="checkbox"/> Partial SSN Reported <input type="checkbox"/> Confidential <input type="checkbox"/> Unavailable <input type="checkbox"/> Refused <input type="checkbox"/> Unknown	<b>Date of Birth</b>	____/____/____ MM            DD            YYYY <input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Partial DOB Reported <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Transgender Female to Male	<b>Ethnicity</b>	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino
<b>Race</b>	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Bi-racial or Multi-racial <input type="checkbox"/> Black or African-American <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unspecified	<b>Marital Status</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
<b>Primary Language</b>	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican	<b>Secondary Language</b>	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican
<b>Tribe</b>	<input type="checkbox"/> None <input type="checkbox"/> Blackfoot <input type="checkbox"/> Cherokee <input type="checkbox"/> Choctaw <input type="checkbox"/> Pawnee <input type="checkbox"/> Pima	<b>Education Level</b>	<input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College/Certificate/Trade <input type="checkbox"/> 2-4 Year College Graduate <input type="checkbox"/> Post Graduate Degree <input type="checkbox"/> Unknown

<b>Family Type</b>	<input type="checkbox"/> Grandparent(s) (raising grandchildren) <input type="checkbox"/> Multiple Adults (living with children) <input type="checkbox"/> Multiple Adults (no children) <input type="checkbox"/> Single parent – female (living with children) <input type="checkbox"/> Single parent – male (living with children) <input type="checkbox"/> Single person (living alone) <input type="checkbox"/> Single person (living with partner) <input type="checkbox"/> Single person (living with others) <input type="checkbox"/> Two parent household (living with children)	<b>Living Arrangement</b>	<input type="checkbox"/> Homeless <input type="checkbox"/> Incarcerated <input type="checkbox"/> Living with Friends or Family <input type="checkbox"/> Own <input type="checkbox"/> Rent- Subsidized (HUD, Section 8, etc.) <input type="checkbox"/> Rent- Unsubsidized <input type="checkbox"/> Transitional / Shelter <input type="checkbox"/> Unknown
<b>Charact. (check all that apply)</b>	<input type="checkbox"/> Applicant <input type="checkbox"/> Disabled <input type="checkbox"/> Veteran <input type="checkbox"/> No Health Insurance <input type="checkbox"/> Migrant/Seasonal Worker <input type="checkbox"/> No Heat Emergency <input type="checkbox"/> Referred by DHHR <input type="checkbox"/> Dwelling Type Override <input type="checkbox"/> HS/EHS – Parent of Child <input type="checkbox"/> HS/EHS – Foster Parent of Child	<input type="checkbox"/> HS/EHS – Dual Custody Agreement <input type="checkbox"/> HS/EHS – Guardian of Child <input type="checkbox"/> Deceased <input type="checkbox"/> Hurricane Katrina Evacuee <input type="checkbox"/> Vision Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Debarred <input type="checkbox"/> Employee, Relative of Board Member <input type="checkbox"/> HS/EHS- Over Income Exception	

**Income**

<b>Monthly Income Sources for Household Member</b>	No Financial Resources <input type="checkbox"/>  Alimony \$ _____ .00 Black Lung \$ _____ .00 Child Support \$ _____ .00 Educational Assistance \$ _____ .00 Employment Earnings \$ _____ .00 Estates/Trusts \$ _____ .00 Interest/Dividends \$ _____ .00 Miscellaneous \$ _____ .00 Outside Assistance \$ _____ .00  _____ \$ _____ .00 Non-Cash Benefit _____ \$ _____ .00 Non-Cash Benefit	Pension/Retirement \$ _____ .00 Public Assistance \$ _____ .00 Rental Income \$ _____ .00 Royalties \$ _____ .00 Social Security \$ _____ .00 SSI \$ _____ .00 State Assistance (IS Gen. Assistance) \$ _____ .00 TANF \$ _____ .00 Unemployment \$ _____ .00 Veteran's Benefits \$ _____ .00 Worker's Compensation \$ _____ .00  <b>Total Monthly Income</b> \$ _____ .00
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**Employment**

<b>Employment Status</b>	Is this person employed? <input type="checkbox"/> Yes <input type="checkbox"/> No  If so what is her/his status? <input type="checkbox"/> Full-time w/ benefits <input type="checkbox"/> Full-time, no benefits <input type="checkbox"/> Left employment <input type="checkbox"/> Part-time <input type="checkbox"/> Stipend <input type="checkbox"/> Temporary <input type="checkbox"/> Termination/Layoff	Current Employer Name: _____  Employed Since:    ___/___/_____ MM    DD    YYYY  Current Employer Name: _____  Employed Since:    ___/___/_____ MM    DD    YYYY
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# Customer Consent Form

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I, \_\_\_\_\_ give Mountain CAP of WV, Inc., a CDC (Mountain CAP) consent to release, obtain and share all pertinent identifying and non-personally identifying social, medical and other information about myself or other members of my household that will allow me to benefit from services offered. In granting such permission, I understand that such information will remain confidential and that such information will only be used for my benefit or to benefit other members of my household. Only authorized personnel will share client information needed for service delivery, program eligibility, to track demographic trends, service patterns and the client outcomes achieved. Non-personally identifying information may also be used for the purposes of research and reporting to other service agencies, current and potential program funding sources and other programs offered by Mountain CAP. I release Mountain CAP and its staff from any legal liability for disclosing or acquiring information that I have permitted by signing this form. Unless I make a formal request to Mountain CAP that I no longer want to participate in the services offered, this release will remain in force indefinitely as of today. The statements made by me on this consent form are true, correct and complete to the best of my knowledge as of the date signed.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of CAA Staff Member

\_\_\_\_\_  
Date

Mountain CAP of WV, Inc., a CDC, its agent, partners and funding sources do not discriminate on the basis of race, color, sex, religion, national origin, disability or marital status.

**Residence Information / Residence Energy Information (for Weatherization Program)**

<b>Dwelling Type</b>	<input type="checkbox"/> Site Built (built from bottom up) <input type="checkbox"/> Modular Home (no wheels) <input type="checkbox"/> Doublewide <input type="checkbox"/> Mobile Home	<input type="checkbox"/> Mobile Home with add-on <input type="checkbox"/> Row House <input type="checkbox"/> Multi-Family Unit (5 or more homes in 1) <input type="checkbox"/> Duplex (2 homes under 1 roof)	<input type="checkbox"/> 3 to 4 Unit Rental <input type="checkbox"/> Shelter <input type="checkbox"/> Transitional <input type="checkbox"/> Other		
<b>Structure</b>	<input type="checkbox"/> Brick <input type="checkbox"/> Masonry <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Unit <input type="checkbox"/> Wood Frame	<b># of Stories</b>	<input type="checkbox"/> 1 story <input type="checkbox"/> 1.5 stories <input type="checkbox"/> 2 stories <input type="checkbox"/> 3 stories <input type="checkbox"/> 4 stories	<b>Do you live in?</b>	<input type="checkbox"/> City/Town <input type="checkbox"/> Suburb <input type="checkbox"/> Rural Area
<b>Year of Construction</b>			_____	YYYY	
<b>Smokers in Household?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, How Many? _____	<b>Was the dwelling previously Weatherized?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, when? _____ Were DOE funds used? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are non-electric, unvented space heaters in use?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, How Many? _____
<b>If previously Weatherized, was the dwelling subsequently damaged by fire, flood, wind or any other Act of God?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, when? _____	<b>Does the Government assist with the rent or mortgage payment?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No How much is monthly Rent or Mortgage Payment? \$ _____	
<b>If dwelling is rented and being Weatherized, what is Owner's Contribution?</b>	\$ _____	<b>House Exposure</b>		<input type="checkbox"/> Exposed <input type="checkbox"/> Normal <input type="checkbox"/> Shielded	
<b>Primary Heating</b>	<input type="checkbox"/> Electricity <input type="checkbox"/> None <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Other Fuel <input type="checkbox"/> Kerosene <input type="checkbox"/> Propane/LPG <input type="checkbox"/> Natural Gas <input type="checkbox"/> Wood	<b>Who is your Primary Heating Vendor?</b>		Vendor _____ Acct. #- _____	
<b>Secondary Heating</b>	<input type="checkbox"/> Electricity <input type="checkbox"/> None <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Other Fuel <input type="checkbox"/> Kerosene <input type="checkbox"/> Propane/LPG <input type="checkbox"/> Natural Gas <input type="checkbox"/> Wood	<b>Who is your Secondary Heating Vendor?</b>		Vendor _____ Acct. #- _____	
<b>Cooling Energy</b>	<input type="checkbox"/> Electric <input type="checkbox"/> None Vendor _____ Acct. #- _____	<b>How much is your monthly energy bill?</b>		\$ _____	
<b>Please provide detailed directions to your dwelling.</b>	_____ _____ _____				

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# Weatherization Consent Form

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*Attach the following to this application:*

- Proof of Income for all Household Members
  - A copy of most recent electric utility bill
  - A copy of most recent natural gas bill (if applicable)
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I, \_\_\_\_\_ understand that I am entitled to a fair hearing regarding the decision made concerning this application for weatherization assistance. I hereby authorize the agency indicated above to obtain information regarding past, present and future bills. I further authorize work to be performed on the dwelling listed above in accordance with federal and state weatherization priorities and within existing and future funding limitations. I agree that I cannot hold the agency liable for existing program-identified health and safety violations that are NOT corrected by the agency Weatherization Program. I also understand that I cannot hold the agency responsible for existing conditions prior to weatherization work. I further understand that the weatherization crew may need to use my electricity to perform weatherization measures. I certify that to best of my knowledge all information furnished by me is true and I acknowledge that falsification of information is subject to prosecution.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of CAA Staff Member

\_\_\_\_\_  
Date

**Additional Household Member (All Programs)**

❖ Complete this form for each member of the household

**First Name** \_\_\_\_\_ **MI** \_\_\_\_\_ **Last Name** \_\_\_\_\_ **Suffix** \_\_\_\_\_

<b>Relationship to Head of Household</b>	<input type="checkbox"/> Aunt	<input type="checkbox"/> Foster Child	<input type="checkbox"/> Nephew	<input type="checkbox"/> Spouse
	<input type="checkbox"/> Brother	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Niece	<input type="checkbox"/> Stepchild
	<input type="checkbox"/> Custodial Parent	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Other	<input type="checkbox"/> Uncle
	<input type="checkbox"/> Daughter	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Partner	
	<input type="checkbox"/> Father	<input type="checkbox"/> In-law	<input type="checkbox"/> Sister	
	<input type="checkbox"/> Former Spouse	<input type="checkbox"/> Mother	<input type="checkbox"/> Son	

<b>SS#</b>	_____ - _____ - _____ <input type="checkbox"/> Partial SSN Reported <input type="checkbox"/> Confidential <input type="checkbox"/> Unavailable <input type="checkbox"/> Refused <input type="checkbox"/> Unknown	<b>Date of Birth</b>	____ / ____ / ____ MM                  DD                  YYYY <input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Partial DOB Reported <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Transgender Female to Male	<b>Marital Status</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
<b>Race</b>	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Bi-racial or Multi-racial <input type="checkbox"/> Black or African-American <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unspecified	<b>Ethnicity</b>	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino
<b>Primary Language</b>	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican	<b>Secondary Language</b>	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican
<b>Tribe</b>	<input type="checkbox"/> None <input type="checkbox"/> Blackfoot <input type="checkbox"/> Cherokee <input type="checkbox"/> Choctaw <input type="checkbox"/> Pawnee <input type="checkbox"/> Pima	<b>Education Level</b>	<input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College/Certificate/Trade <input type="checkbox"/> 2-4 Year College Graduate <input type="checkbox"/> Post Graduate Degree <input type="checkbox"/> Unknown
<b>Charact. (check all that apply)</b>	<input type="checkbox"/> Applicant <input type="checkbox"/> Disabled <input type="checkbox"/> Veteran <input type="checkbox"/> No Health Insurance <input type="checkbox"/> Migrant/Seasonal Worker <input type="checkbox"/> No Heat Emergency <input type="checkbox"/> Referred by DHHR <input type="checkbox"/> Dwelling Type Override <input type="checkbox"/> HS/EHS – Parent of Child <input type="checkbox"/> HS/EHS – Foster Parent of Child	<input type="checkbox"/> HS/EHS – Dual Custody Agreement <input type="checkbox"/> HS/EHS – Guardian of Child <input type="checkbox"/> Deceased <input type="checkbox"/> Hurricane Katrina Evacuee <input type="checkbox"/> Vision Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Debarred <input type="checkbox"/> Employee, Relative of Board Member <input type="checkbox"/> HS/EHS- Over Income Exception	

**Income**

<b>Monthly Income Sources for Household Member</b>	<b>No Financial Resources <input type="checkbox"/></b>		Pension/Retirement \$ _____ .00
	Alimony \$ _____ .00	Black Lung \$ _____ .00	Public Assistance \$ _____ .00
	Child Support \$ _____ .00	Educational Assistance \$ _____ .00	Rental Income \$ _____ .00
	Employment Earnings \$ _____ .00	Employment Earnings \$ _____ .00	Royalties \$ _____ .00
	Estates/Trusts \$ _____ .00	Employment Earnings \$ _____ .00	Social Security \$ _____ .00
	Interest/Dividends \$ _____ .00	Employment Earnings \$ _____ .00	SSI \$ _____ .00
	Miscellaneous \$ _____ .00	Employment Earnings \$ _____ .00	State Assistance (IS Gen. Assistance) \$ _____ .00
	Outside Assistance \$ _____ .00	Employment Earnings \$ _____ .00	TANF \$ _____ .00
	_____ \$ _____ .00	_____ \$ _____ .00	Unemployment \$ _____ .00
	Non-Cash Benefit \$ _____ .00	_____ \$ _____ .00	Veteran's Benefits \$ _____ .00
Non-Cash Benefit \$ _____ .00	_____ \$ _____ .00	Worker's Compensation \$ _____ .00	
		<b>Total Monthly Income \$ _____ .00</b>	

**Employment**

<b>Employment Status</b>	Is this person employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Employer Name: _____
	If so what is her/his status? <input type="checkbox"/> Full-time w/ benefits <input type="checkbox"/> Full-time, no benefits <input type="checkbox"/> Left employment <input type="checkbox"/> Part-time <input type="checkbox"/> Stipend <input type="checkbox"/> Temporary <input type="checkbox"/> Termination/Layoff	Employed Since: <u>   </u> / <u>   </u> / <u>   </u> MM DD YYYY
		Current Employer Name: _____
		Employed Since: <u>   </u> / <u>   </u> / <u>   </u> MM DD YYYY