



COMMUNITY ACTION AGENCY OF NEW HAVEN, INC.

419 Whalley Avenue, New Haven, CT 06511, (203) 387-7700

Program Name: _____
(completed by case worker)

Program App# ID#: _____
(completed by case worker)

(Please Print)

Adults in Household _____ # Children in Household _____

First Name: _____

M.I.: _____ Last Name: _____

Social Security #: _____

Date of Birth: ____/____/____ Gender: Male / Female

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Are you Pregnant? Y/N

Race: ☐ American Indian/Alaska Native

☐ Asian

☐ Biracial/Multi-Race

☐ Black/African American

☐ Hawaiian/Pacific Island

☐ Latin

☐ White

☐ Other

Education: ☐ 0-8th Grade

☐ 12+Some Post Secondary

☐ 2 or 4 Yr. College Graduate

☐ 9-12 Non-Graduate

☐ High School Grad/GED

Marital Status (circle one): Single / Married / Separated / Divorced / Widowed / Partner / Other

Health Ins.: Y/N Veteran: Y/N Food Stamps: Y / N WIC Recipient: Y/N Child Support: Y/N Farmer: Y/N

Disabled: Y/N # of Disabled Persons in Household _____

Do you use a Wheelchair: Y/N

Residency (circle one): U. S. Citizen / Employment Authorization / Permanent Resident / Other _____

Housing Situation (circle one): Own / Rent / Homeless / Other (please indicate): _____

Mailing Address: _____ Floor: _____ Apt: _____ City: _____ Zip: _____

Service Address (if different): _____ Floor: _____ Apt: _____ City: _____ Zip: _____

of Years at this address? _____

Senior Housing: Y / N

Primary Language (circle one): English / Spanish / Other (please indicate): _____

Family Type: Single / Single Parent Female/ Single Parent Male / 2 Parent Household/ 2 adults w/no children / Other _____

Telephone #: (H) _____ (W) _____ (C) _____

Can we text you your application status? Y/N

Cell Phone Provider: _____

What is the best way to contact you? Mail Telephone Cellular Phone Email: _____

Monthly Rent/Mortgage \$ _____ Subsidized Housing? Y / N, If yes, your portion: \$ _____

Dwelling Type (circle one): Single Family / Two Family / 3-5 Units / 6 + Units / Mobile Home / In Law Apt./ Other: _____

Emergency Contact: _____ Relationship: _____ Telephone: _____

DSS Client ID/AU #: _____

Checking Account? Y / N Savings Account? Y / N

Type of Income 1: _____ Income Cycle 1: Weekly / Bi-Weekly / Monthly / Other Income Amount \$ _____

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HOUSEHOLD MEMBER INFORMATION:

Household Member #2: Name (First, Last): _____ Relationship: _____

SS#: ____/____/____ DOB: ____/____/____ Ethnicity: Hispanic/Non-Hispanic Race: _____

Disabled: Y/N Highest Grade Completed: _____ Gender: M/F Living in Household: Y / N Are you Pregnant? Y/N

Health Ins.: Y/N Veteran: Y/N Food Stamps: Y / N WIC Recipient: Y/N Farmer: Y/N Student: Y/N Child Support: Y/N

DSS Client ID/AU #: _____ Checking Account? Y / N Savings Account? Y / N

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(over→)

Pre-Assessment Form

Income: Do you have dependable income? ☐ Yes ☐ No
Employment: Do you have a Full Time Job? ☐ Yes ☐ No ☐ Not Employed
Education: Have you earned a High School Diploma/G.E.D.? ☐ Yes ☐ No Can you read/write English? ☐ Yes ☐ No
Training: Do you have any skills that can get you a job? ☐ Yes ☐ No
Housing: Do you live in affordable safe housing? ☐ Yes ☐ No
Transportation: Do you have access to a car, public transportation or a regular ride?

Always Most of the Time No Rarely Some Time

Childcare: I do not need Childcare I have no Children I need Childcare

Childcare Enrollment: My child gets childcare from a family member or friend My child is not enrolled in a childcare facility
My child is on a waiting list for childcare Subsidized Unsubsidized

Eldercare: Do you care for an elderly person? Yes ☐ No Do you need elder care but cannot afford it? Yes ☐ No

Health Insurance:

Child Health Insurance All have insurance I have NO children None have insurance Some have insurance

Adult Health Insurance All adults have insurance No adults have insurance Some adults have insurance

Are you receiving DSS Services? Yes ☐ No ☐ Husky ☐ SAGA Cash ☐ SNAP ☐ State Supplemental ☐ TFA

Would you like to develop a Personal Plan? Yes ☐ No ☐

Personal Plan: The process of creating an action plan with a Case Manager based on awareness, values, reflection, goals setting and planning for personal development within the context of a career, education, relationship or self-improvement.

Are you a Registered Voter? Yes ☐ No ☐

Are you interested in other Programs or Services?

CAANH Programs

☐ Energy Assistance Program
☐ Weatherization
☐ Operation Fuel
☐ Food Pantry (New Haven Residents)
☐ Diaper Bank (New Haven Residents)
☐ Manage Your Future (Youth)
☐ SMART Women
☐ Passport to Prosperity
☐ Surfing with Seniors
☐ Mature Adults Activities Program

Case Management & Referrals

☐ VITA (During Tax Season)
☐ SCGC MPP Program
☐ A.A.C.T.S. Program (Depends)
☐ E.A.S.E.
☐ Passport Transitional Services
(Homeless) Program
☐ Fatherhood Initiative Program
☐ DSS Programs & Services
☐ Husky
☐ SAGA Cash

☐ SNAP
☐ State Supplemental
☐ TFA

☐ Other _____
☐ Other _____
☐ Other _____

☐ Not Interested

Customer Confidentiality and Release of Information Consent

I give CAANH consent to release, obtain and share all pertinent identifying and non-confidential social, medical and other information about myself 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 the minor members of my family. I release CAANH and its staff from any legal liability for disclosing or acquiring information that I have permitted by signing this form. The statements made by me on this application are true, correct and complete to the best of my knowledge. This consent will be effective for one year beginning at the date of my signature on this form.

Applicant's Signature: _____ **Date:** _____

I have explained to the customer listed above the purpose of this release and the disclosure that might reasonably be anticipated.

CAANH Staff printed name: _____ **Date:** _____

----- Do not write below this line, staff use only -----

CAANH Internal Program Referrals: Y / N DSS Referrals: Y / N External (Outside) Referrals: Y / N

Eligible Programs: _____ **Declined Screening/Referrals:** Y / N