



**WCCA AGENCY INTAKE**

Return to: WCCA  
 Box 787 Maple Lake, MN 55358  
 Phone: (320) 963-6500  
 TDD Relay: 1-800-627-3529  
 FAX: (320) 963-5745  
 E-Mail: wcca@wccaweb.com

Date: \_\_\_\_\_ Program to which you are applying: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

**SECTION A: Please check (/) your answers.**

**Type of Household:** Single parent/female \_\_\_\_\_ Single parent/male \_\_\_\_\_ Two parents with children \_\_\_\_\_  
 Single person \_\_\_\_\_ Two adults/no children \_\_\_\_\_ Non-related adults with children \_\_\_\_\_  
 Multigenerational Household \_\_\_\_\_ Other: Specify \_\_\_\_\_

**Housing Situation:** Rent \_\_\_\_\_ Own \_\_\_\_\_ Own home/rent lot \_\_\_\_\_ Homeless \_\_\_\_\_  
 Other permanent housing \_\_\_\_\_ Other: Specify \_\_\_\_\_

**SECTION B: Please fill out chart completely.**

Full names of household members	Ethnicity		Sex	Date of Birth	Age	Last grade completed	Race (**See below)	Annual Gross Income	Source of Income (**See below)	Type of Medical Insurance (**** See below)
	Circle One (*See Below)									
1.	A	B								
2.	A	B								
3.	A	B								
4.	A	B								
5.	A	B								
6.	A	B								
7.	A	B								
8.	A	B								
9.	A	B								
<b>*Ethnicity</b>	A) Hispanic, Latino or Spanish Origins B) Non-Hispanic or Non-Latino		<b>**Race Choices</b>	C) White D) Black or African American E) Asian			F) American Indian or Alaska Native G) Native Hawaiian/Pacific Islander H) Other _____ I) Multi-Racial			
<b>***Source of Income Choices</b>	1) No income 2) EITC 3) MFIP 4) General Assistance 5) Social Security 6) SSDI			7) SSI 8) Private Disability Insurance 9) Retirement Income from Social Security 10) Pension 11) VA (Service-Connected) 12) VA (Non-Service-Connected)			13) Child Support 14) Alimony or other Spousal Support 15) Worker's Compensation 16) Unemployment 17) Employment only 18) Employment plus any other source 19) Other _____			
<b>****Types of Health Insurance</b>	i. Medicaid ii. Medicare iii. Military Health Care			iv. Private (through employment) v. Private (direct-purchase)			vi. MinnesotaCare vii. Medical Assistance			

**SECTION C:** Please check the non-cash benefits you currently receive.

SNAP\_\_\_\_\_ Energy Assistance\_\_\_\_\_ Housing Choice Voucher\_\_\_\_\_ Other: Specify\_\_\_\_\_

WIC\_\_\_\_\_ Public Housing\_\_\_\_\_ Permanent Supportive Housing\_\_\_\_\_

HUD-VASH\_\_\_\_\_ Childcare Voucher\_\_\_\_\_ Affordable Care Act Subsidy\_\_\_\_\_

**SECTION D:** Please enter the number of adult (18+) household members' work statuses.

Full-Time\_\_\_\_\_ Part-Time\_\_\_\_\_ Unemployed 6 months or less\_\_\_\_\_ Unemployed more than 6 months\_\_\_\_\_

Migrant Seasonal Farm Worker\_\_\_\_\_ Unemployed (Not in Labor Force)\_\_\_\_\_ Retired\_\_\_\_\_

**SECTION E:** Please fill in the blanks.

How many household members have health insurance? \_\_\_\_\_ Would any adults in household like to register to vote? \_\_\_\_\_

How many household members are veterans? \_\_\_\_\_ How many household members are disabled? \_\_\_\_\_

How many household members are in active military? \_\_\_\_\_ What is the household's primary language? \_\_\_\_\_

How many household members age 14-24 are neither working nor in school? \_\_\_\_\_

Do you or your children need translator services? Yes  No

**SECTION F:** Please check the WCCA programs you are currently enrolled in:

<input type="checkbox"/>	<b>WIC</b>	<input type="checkbox"/>	<b>Head Start</b>	<input type="checkbox"/>	<b>Home Weatherization</b>	<input type="checkbox"/>	<b>Home Rehab Loans</b>
<input type="checkbox"/>	<b>Home Buyer Training</b>	<input type="checkbox"/>	<b>Foreclosure Prevention/Counseling</b>	<input type="checkbox"/>	<b>Energy Assistance</b>	<input type="checkbox"/>	<b>Tax Preparation</b>
<input type="checkbox"/>	<b>MNsure Navigator</b>	<input type="checkbox"/>	<b>WCCA Food Shelf</b>	<input type="checkbox"/>	<b>Transitional Housing</b>	<input type="checkbox"/>	<b>Family Budgeting</b>

**SECTION G:** Please check the WCCA programs you would like additional information on.

<input type="checkbox"/>	<b>WIC</b>	<input type="checkbox"/>	<b>Head Start</b>	<input type="checkbox"/>	<b>Home Weatherization</b>	<input type="checkbox"/>	<b>Home Rehab Loans</b>
<input type="checkbox"/>	<b>Home Buyer Training</b>	<input type="checkbox"/>	<b>Foreclosure Prevention/Counseling</b>	<input type="checkbox"/>	<b>Energy Assistance</b>	<input type="checkbox"/>	<b>Tax Preparation</b>
<input type="checkbox"/>	<b>MNsure Navigator</b>	<input type="checkbox"/>	<b>Clothing Center/Food Shelf</b>	<input type="checkbox"/>	<b>Transitional Housing</b>	<input type="checkbox"/>	<b>Family Budgeting</b>

**DISCRIMINATION STATEMENT**

The above programs are Equal Opportunity Programs. If you believe you have been discriminated against because of race, color, national origin, sex, age, or handicap, please contact WCCA immediately. If you are applying for WIC services and you feel you have been discriminated against, write immediately to: USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue S.W., Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

**TENNESSEN WARNING**

This data is being collected to verify program eligibility and to provide Wright County Community Action (WCCA) information needed to complete state and federal reports as well as agency needs and demographic studies. You are legally required to provide this information to certify program eligibility. WCCA may share some of this information with government agencies and public organizations as allowed by law under State and Federal Data Practices Act.

I understand the warning stated above and certify that the information I have provided is true to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_