



# CFPIN Services Application

Client ID: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Entered By: \_\_\_\_\_

**Initial Application: Once you have filled out this form you will only need to update if there are changes.**

Title	Last Name	M.I.	First Name	Suffix (Jr, Sr)	Date of Birth
SSN or Consular ID (at least the last 5 digits)		Gender (M/F/T)	Street Address Line/Apartment		
Zip Code	Phone Number	email address		Highest Education Level Completed	

**Ethnicity (Check all that apply)**

African American <input type="checkbox"/>	Asian <input type="checkbox"/>	White <input type="checkbox"/>	Latino/Hispanic <input type="checkbox"/>	Other _____
Middle Eastern <input type="checkbox"/>	Multi/Bi-Ethnic <input type="checkbox"/>	Native American <input type="checkbox"/>	Hawaiian/Pacific Islander <input type="checkbox"/>	Refugee <input type="checkbox"/>
Do you speak English? -- Y <input type="radio"/> N <input type="radio"/> na <input type="radio"/>		What languages (other than English) do you speak? _____		

**Other Information**

Are you currently homeless -- Y <input type="radio"/> N <input type="radio"/> na <input type="radio"/>	If so, how long have you been homeless _____	Last Permanent Zip Code _____		
Do you have health insurance? No <input type="checkbox"/>	Medicaid <input type="checkbox"/>	Private <input type="checkbox"/>	GA <input type="checkbox"/>	
Children Health Insurance NA <input type="checkbox"/>	Do your children have health insurance? No <input type="checkbox"/>	Medicaid? <input type="checkbox"/>	Kids Connection? <input type="checkbox"/>	Private? <input type="checkbox"/>
Do you receive Food Stamps? -- Y <input type="radio"/> N <input type="radio"/> na <input type="radio"/>	If no, have you applied? -- Y <input type="radio"/> N <input type="radio"/> na <input type="radio"/>	When did you first apply for Food Stamps? _____		
Do you receive TANF/ADC? -- Y <input type="radio"/> N <input type="radio"/> na <input type="radio"/>	If not, have you applied? -- Y <input type="radio"/> N <input type="radio"/> na <input type="radio"/>	When did you first apply for TANF/ADC? _____		
Are you currently an Arbor client? -- Y <input type="radio"/> N <input type="radio"/> na <input type="radio"/>	Are you an Arbor client at the Center for People in Need? -- Y <input type="radio"/> N <input type="radio"/> na <input type="radio"/>	Are you a former Arbor client? -- Y <input type="radio"/> N <input type="radio"/> na <input type="radio"/>		
How many people are in your household? _____	What is your monthly household income? _____			
Are you employed Full-Time? <input type="checkbox"/>	Part-Time? <input type="checkbox"/>	Unemployed? <input type="checkbox"/>	Are others in your household employed? <input type="checkbox"/>	

**Please list all household members**

Last Name	First Name	Date of Birth	SSN (last 5 please)	Gender
_____	_____	_____	_____	M <input type="radio"/> F <input type="radio"/> T <input type="radio"/>
_____	_____	_____	_____	M <input type="radio"/> F <input type="radio"/> T <input type="radio"/>
_____	_____	_____	_____	M <input type="radio"/> F <input type="radio"/> T <input type="radio"/>
_____	_____	_____	_____	M <input type="radio"/> F <input type="radio"/> T <input type="radio"/>
_____	_____	_____	_____	M <input type="radio"/> F <input type="radio"/> T <input type="radio"/>
_____	_____	_____	_____	M <input type="radio"/> F <input type="radio"/> T <input type="radio"/>
_____	_____	_____	_____	M <input type="radio"/> F <input type="radio"/> T <input type="radio"/>

If you have more household members, please list them on the other side of this paper and check here

Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing, I authorize the Center For People In Need to disclose basic identifying information regarding myself and my dependents as well as services received to other human services agencies in the area. You may revoke this authorization at any time. Refusal to sign does not disqualify you or your family from receiving services from the Center For People In Need.

The Center's F.O.O.D. Program is accomplished in partnership with the Lincoln Food Bank.