

CENTER FOR FAMILY RESOURCES, INC
12 MORRIS ROAD
RINGWOOD, N.J. 07456

PASSAIC COUNTY
EMERGENCY FOOD AND SHELTER PROGRAM
CLIENT APPLICATION FOR ASSISTANCE

(Please have client complete attached satisfaction survey and return to Social Service Manager with application)

DATE: _____

CLIENT'S NAME: _____

SOCIAL SECURITY NO. _____

ADDRESS: _____

TELEPHONE NUMBER: _____

FAMILY TYPE:

_____ Unaccompanied male

_____ Unaccompanied female

_____ Single parent with (#) _____ children

_____ Two parents with(#) _____ children

How long have you lived at above address?

SOURCE OF INCOME:

_____ Government assistance only

_____ Employed and receiving government assistance

_____ Employed only

_____ No income

_____ Other

CLIENT IS APPLYING FOR:

_____ Rental assistance

_____ Shelter

_____ Utilities

_____ Emergency food

CLIENT'S PROBLEM IS: _____

CLIENT'S NEED IS: _____

ACTION TAKEN: _____

DATE: _____

Client Signature

Staff Signature

J. Client Interviews-General

1. Are you getting the assistance that you need from this agency?
 Y N Other
2. How long have you been receiving services from this agency?

3. Do you have any complaints? If yes, please explain.

4. What do you like best about these services?

5. If you could change something about this program/agency, what would it be?

- 6.) Do you feel that you are treated respectfully by the staff and supervisors?
 Y N Other

- 7.) Do you feel that the services has impacted your life in any way?
 Y N Other

- 8.) Do you feel that you are dependant on these services? Y N Other

- 9.) Do you feel that you are getting the most assistance possible from this agency?
 Y N Other

- 10.) Do any of your family members receive services from this agency?
 Y N Other

- 11.) Are you always able to receive services from this agency?
 Y N Other

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Intake Form

(Household Benefits Received)

rev. 2/15/17



Date of this Benefits set _____ Intake worker _____ Primary Contact full name _____

Household Benefits

This Household reports NO BENEFITS

	Benefit Item	Received?	Benefit Amt (\$)	Period (*see below)	Participants Receiving	Date Expires
1	SNAP					
2	WIC					
3	Energy Assistance					
4	Housing Subsidy					
5	Child Care Subsidy					

* Periods: Daily
 Weekly
 BIWeekly
 Semi Monthly
 Monthly
 BI Monthly
 Quarterly
 Annual

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Intake Form

(Household Income)



Date of income set _____ Intake worker _____ Primary Contact full name _____

Household Income This Household has NO INCOME (verified)

Individual HH Member Income

Name: _____ DOB _____ This Individual has NO INCOME (verified)

Income source	Amount	Pay Period			Paychecks
		Annual	Bi-Monthly	Bi-Weekly	
1 _____	_____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____	_____
5 _____	_____	_____	_____	_____	_____

This Individual has NO INCOME (verified)

Name: _____ DOB _____

Income source	Amount	Pay Period			Paychecks
		Annual	Bi-Monthly	Bi-Weekly	
1 _____	_____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____	_____
5 _____	_____	_____	_____	_____	_____

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Intake Form

(Household & Primary Contact)

Date of Intake _____ Intake worker _____ Primary Contact full name _____

Household Information

Housing Status _____ Family Type _____ Program / Service requested _____

Physical Address _____ Date moved in (approximate) _____

Address 1 _____ Zipcode _____ City _____ State _____

Mailing Address _____ Date moved in (approximate) _____

Address 1 _____ Zipcode _____ City _____ State _____

Primary Contact Information

Phone(s): _____
Email: _____

First Name _____ Middle Name _____ Last Name _____ Suffix _____

SS# _____ DOB _____ Estimated? Y _____ Gender _____ Race (can list more than one) _____

Ethnicity: Hispanic Non-Hispanic / Not Latino Marital Status: Married Single Div. Widowed Unk

Languages: _____ Disability: Disabled Not Disabled

Health Ins: _____ (can list more than one)

<input type="checkbox"/>	No Health Insurance
<input type="checkbox"/>	In-Direct Purch (exchanges, etc)
<input type="checkbox"/>	In-Employment Based
<input type="checkbox"/>	In-Medicare
<input type="checkbox"/>	In-Military Health Care
<input type="checkbox"/>	In-State Children's
<input type="checkbox"/>	In-State Health Ins Adults

Veteran Status: _____ (Adult only)

<input type="checkbox"/>	Active Duty
<input type="checkbox"/>	Not Veteran
<input type="checkbox"/>	Veteran
<input type="checkbox"/>	Not Asked
<input type="checkbox"/>	Refused

Employment: _____ (Adult only)

<input type="checkbox"/>	Disabled
<input type="checkbox"/>	Emp-Full Time
<input type="checkbox"/>	Emp-Part Time
<input type="checkbox"/>	Homemaker
<input type="checkbox"/>	In School
<input type="checkbox"/>	Migrant Seas, Farm Wk
<input type="checkbox"/>	Not In Labor Force

Retired _____ Self-employed _____
Unempl (< 6 months) _____ Unempl (> 6 months) _____
Unempl-Not Seeking Wk _____ Unempl-Seeking Wk _____

CENTER FOR FAMILY RESOURCES, INC.
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empowOR
outcomes & results
BY BEST SOFTWARE, LLC

Intake Form

(Other Household Members)

Date of Intake _____ Intake worker _____ Primary Contact full name _____

Additional Household Member

Phone(s): _____
Email: _____

Relationship to Primary _____

First Name _____ Last Name _____ Middle Name _____ Suffix _____

SS# _____ Estimated? Y _____ Gender _____ Race (can list more than one) _____

Ethnicity: Hispanic Non-Hispanic / Not Latino Married Single Div. Widowed Unk

Languages: (can list more than one) _____ Disability: Disabled Not Disabled

Health Ins: No Health Insurance Ins-Direct Purch (exchange, etc) Ins-Employment Based Ins-Medicare Ins-Military Health Care Ins-State Children's Ins-State Health Ins Adults

Highest Educ: (Adult only) _____
Veteran Status: (Adult only) Active Duty Not Veteran Veteran Not Asked Refused

Employment: (Adult only) _____
Disability: Disabled Not Disabled

Retired
Self-employed
Unempl (< 8 months)
Unempl (> 8 months)
Unempl-Not Seeking Wk
Unempl-Seeking Wk
Not In Labor Force

Additional Household Member

Phone(s): _____
Email: _____

Relationship to Primary _____

First Name _____ Last Name _____ Middle Name _____ Suffix _____

SS# _____ Estimated? Y _____ Gender _____ Race (can list more than one) _____

Ethnicity: Hispanic Non-Hispanic / Not Latino Married Single Div. Widowed Unk

Languages: (can list more than one) _____ Disability: Disabled Not Disabled

Health Ins: No Health Insurance Ins-Direct Purch (exchange, etc) Ins-Employment Based Ins-Medicare Ins-Military Health Care Ins-State Children's Ins-State Health Ins Adults

Highest Educ: (Adult only) _____
Veteran Status: (Adult only) Active Duty Not Veteran Veteran Not Asked Refused

Employment: (Adult only) _____
Disability: Disabled Not Disabled

Retired
Self-employed
Unempl (< 8 months)
Unempl (> 8 months)
Unempl-Not Seeking Wk
Unempl-Seeking Wk
Not In Labor Force

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Intake Form

(Other Household Members)



Date of Intake _____ Intake worker _____ Primary Contact full name _____

Additional Household Member

Phone(s): _____

Email: _____

Relationship to Primary _____

First Name _____ Middle Name _____ Last Name _____ Suffix _____

SS# _____ Estimated? Y _____ Gender _____ Race (can list more than one) _____

Ethnicity: Hispanic Non-Hispanic / Not Latino _____ Marital Status: Married Single Sep. Div. Widowed Unk _____

Languages: _____ Disability: Disabled Not Disabled _____

Health Ins: _____ Employment: _____

Highest Educ: _____ (Adult only) _____
Veteran Status: _____ (Adult only) _____
Active Duty Not Veteran Veteran Not Asked Refused

Additional Household Member

Phone(s): _____

Email: _____

Relationship to Primary _____

First Name _____ Middle Name _____ Last Name _____ Suffix _____

SS# _____ Estimated? Y _____ Gender _____ Race (can list more than one) _____

Ethnicity: Hispanic Non-Hispanic / Not Latino _____ Marital Status: Married Single Sep. Div. Widowed Unk _____

Languages: _____ Disability: Disabled Not Disabled _____

Health Ins: _____ Employment: _____

Highest Educ: _____ (Adult only) _____
Veteran Status: _____ (Adult only) _____
Active Duty Not Veteran Veteran Not Asked Refused