

Red River Valley Community Action
1013 N 5th St., Grand Forks, ND 58203
(701) 746-5431 - (701) 746-0406 Fax - 1-800-450-1823 Toll Free

Date:

*** Items are Required to be Answered**

Services: Check all that apply

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Commodities | <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Security Deposit | <input type="checkbox"/> Veterans Services |
| <input type="checkbox"/> Energy Share | <input type="checkbox"/> Home Rehab | <input type="checkbox"/> Self Reliance | <input type="checkbox"/> Weatherization |
| <input type="checkbox"/> Emergency Services | <input type="checkbox"/> Rent Assistance | <input type="checkbox"/> Shelter | <input type="checkbox"/> Other |

Personal Information for Head of Household (HOH)*

First Name

MI

Last Name

Address

City

State

Zip Code

County

Date of Birth*

Gender *

- Male
 Female
 Other:

Social Security #*

Disabled*

- Yes
 No

Ethnicity*

- Hispanic or Latino
 Not Hispanic or Latino

Telephone*

- Home
 Cell

Race*

- American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander
 Asian
 Biracial/Multi-racial

- Black or African American
 White
 Other

Education*

- 0-8
 9-12 (non-grad)
 GED
 High School Grad
 12+ Grad
 College Degree

Health Insurance*

- None
 Private
 VA
 Medicare
 Medicaid
 Other

Food Stamps

- Yes
 No
 If Yes - Amount*

Veteran*

- Yes
 No

Income Sources*

	Additional Income		Additional Income
Name			
Source(Wages, SSI, etc.)			
Pay Per Hour			
Hours per Week			
Total Monthly Income			

(Sources of income could be Employment, Unemployment, Social Security, SSI/SSDI, Child Support, TANF, Pension)

Household Type - Required*

<input type="checkbox"/> Female Single Parent	<input type="checkbox"/> Two Adults NO Children	# in Household <input type="text"/>
<input type="checkbox"/> Male Single Parent	<input type="checkbox"/> Single	
<input type="checkbox"/> Two Parent Household	<input type="checkbox"/> Other:	

Marital Status

<input type="checkbox"/> Single	<input type="checkbox"/> Widowed	<input type="checkbox"/> Separated	<input type="checkbox"/> Domestic Partnership
<input type="checkbox"/> Divorced	<input type="checkbox"/> Married		

Housing Status*

<input type="checkbox"/> Own
<input type="checkbox"/> Renter
<input type="checkbox"/> Homeless

Fuel Assistance (LIHEAP)

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Rent/House Payment

Amount	<input type="text"/>
Housing Assistance	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
Years at Residence	<input type="text"/>

Housing Type

<input type="checkbox"/> House
<input type="checkbox"/> Apartment
<input type="checkbox"/> Duplex
<input type="checkbox"/> Mobile Home

Energy Source:

<input type="checkbox"/> Oil	<input type="checkbox"/> Electric
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Other
<input type="checkbox"/> Propane	

Signature

Date:

Email Address:

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Additional Household Members - PLEASE PRINT

Name	Name
Date of Birth	Date of Birth
Social Security Number	Social Security Number
Age	Age
Relationship to HOH	Relationship to HOH
Gender	Gender
Disabled - Yes or No	Disabled - Yes or No
Race	Race
Ethnicity	Ethnicity
Education	Education
Health Insurance - Type	Health Insurance - Type
Veteran - Yes or No	Veteran - Yes or No

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Education	Education
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Education	Education
Health Insurance - Type	Health Insurance - Type
Veteran - Yes or No	Veteran - Yes or No