

PLEASE MAIL OR FAX APPLICATIONS TO:

**North Coast Opportunities, Attn Disaster Case Management
 413 North State St.
 Ukiah, CA 95482**

Fax: (707) 462-0191

***Please include a copy of your I.D. and proof of residence (if address on I.D. does not match impacted address). If you do not have these documents, don't worry! We will work with you to find an alternative.**

Client Intake

*NCO will use the following information for administration purposes only; your answers will NOT affect your eligibility. This information is required as part of the federal funding regulations. **Required ****

Client Information*				
Household Size				
First Name		Birth Date (MM/DD/YYYY)		
Middle Name				
Last Name				
Other Names		Gender	Male	Female
			Non-binary	

Contact Information				
Primary Phone*		Secondary Phone		
Personal Email				Place on Email List
Physical Address (affected) *		State	City	Zip
Mailing Address (if different) *		State	City	Zip
Preferred Language				
Do you have Health Insurance? (If yes, please identify the source)	<input type="checkbox"/> Medicaid	<input type="checkbox"/> State Health Insurance for Adults	<input type="checkbox"/> Military Health Care	<input type="checkbox"/> Employment Based
	<input type="checkbox"/> Medicare	<input type="checkbox"/> State Health Insurance for Children	<input type="checkbox"/> Direct-Purchase	<input type="checkbox"/> Unknown

Was the property affected by the Hopkins fire your primary residence? If not, please describe (second home, rental property, etc.)

Briefly describe how you were impacted by the wildfire. Did you have structural losses to your property? Was the damage total, partial, or were you evacuated?

Have you experience a loss of income or work?

Where are you currently staying?

Do you have fire, homeowners, or renters insurance? If so, what's your coverage?

Household Demographics*

Relation to Head of Household Partner/ Child/Etc.	Name Last, First	Gender - Male/Female/Non- Binary	Birth Date	Latino	Race AA= African American W=White NA= Native American A= Asian O=Other MR= Multi Race	Marital Status NM=Never married M=Married D= Divorced S= Separated W= Widow	DO YOU HAVE HEALTH INSURANCE?	ARE YOU DISABLED?	EDUCATION 0-8 9-12/non graduate H.S. Grad GED 12+ some college 2 Year Grad. 4 Year Grad.
Self		M/F/NB		Y/N			Y/N	Y/N	
		M/F/NB		Y/N			Y/N	Y/N	
		M/F/NB		Y/N			Y/N	Y/N	
		M/F/NB		Y/N			Y/N	Y/N	
		M/F/NB		Y/N			Y/N	Y/N	
		M/F/NB		Y/N			Y/N	Y/N	
		M/F/NB		Y/N			Y/N	Y/N	

Housing (Select One) *	
<input type="checkbox"/>	Own
<input type="checkbox"/>	Rent
<input type="checkbox"/>	Other Permanent Housing
<input type="checkbox"/>	Homeless
<input type="checkbox"/>	Other: _____

Military Status (Select One) *	
<input type="checkbox"/>	No Affiliation
<input type="checkbox"/>	Active
<input type="checkbox"/>	Veteran
<input type="checkbox"/>	Unspecified

Household Type (Select One) *	
<input type="checkbox"/>	Single Person
<input type="checkbox"/>	Two Adults NO children
<input type="checkbox"/>	Single Parent Female
<input type="checkbox"/>	Single Parent Male
<input type="checkbox"/>	Two Parent Household
<input type="checkbox"/>	Non-related Adults with Children
<input type="checkbox"/>	Multigenerational Household
<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Unknown/Not Reported

Work Status (Individuals 18+)*	
<input type="checkbox"/>	Employed Full-Time
<input type="checkbox"/>	Employed Part-Time
<input type="checkbox"/>	Migrant Seasonal Farm Worker
<input type="checkbox"/>	Unemployed (Short-term, 6 mo. or less)
<input type="checkbox"/>	Unemployed (Long term, more than 6 mo.)
<input type="checkbox"/>	Unemployed (Not in Labor Force)
<input type="checkbox"/>	Retired
<input type="checkbox"/>	Other

Source(s) of Household Monthly Income (Select All That Apply) *	Other Income Sources (Select All That Apply)	Non-Cash Benefits (Select All That Apply)
<input type="checkbox"/> No Income	<input type="checkbox"/> TANF	<input type="checkbox"/> SNAP
<input type="checkbox"/> Employment Income \$ _____	<input type="checkbox"/> SSI (65 or older)	<input type="checkbox"/> WIC
<input type="checkbox"/> Non-Cash Benefits \$ _____	<input type="checkbox"/> SSDI (disabled)	<input type="checkbox"/> LIHEAP
<input type="checkbox"/> Other Income Sources \$ _____	<input type="checkbox"/> Veteran Benefits	<input type="checkbox"/> Housing Choice Voucher
Total Household Income = \$ _____	<input type="checkbox"/> Retirement Income-Social Security	<input type="checkbox"/> Public Housing
	<input type="checkbox"/> Pension	<input type="checkbox"/> Permanent Supportive Housing
	<input type="checkbox"/> Child Support	<input type="checkbox"/> HUD-VASH
	<input type="checkbox"/> Alimony/Spousal Support	<input type="checkbox"/> Childcare Voucher
	<input type="checkbox"/> Unemployment Insurance	<input type="checkbox"/> Affordable Care Act Subsidy
	<input type="checkbox"/> EITC	<input type="checkbox"/> Other

Do you consent for your information to be shared with other agencies such as disaster case management services and financial assistance programs to help Hopkins fire survivors meet their immediate and long term needs? (Such as United Way, Red Cross, Catholic Charities and others). I understand that filling out this form does not guarantee access to disaster case management or recovery services.

I consent

I do not consent (please note that consent is required for your information to be shared with agencies providing disaster case management and financial assistance).

My signature below certifies that my primary residence was impacted by the Hopkins Fire. My home was damaged, I was evacuated, or I suffered some type of loss because of the fire.

Signature: _____ Date: _____
