



REQUIRED DOCUMENT LIST FOR CASE MANAGEMENT

We wish to take this opportunity to thank you for allowing us to assist you in the Community Action of Greater Indianapolis (CAGI) Case Management Program.

You may obtain an application for Emergency Services by going to our website at www.cagi-in.org.

The supporting documentation listed below is required to proceed with CAGI's Case Management Program.

We ask that you please call (317)524-6972 to schedule an appointment to bring in your supporting documentation, or you may come in as a walk-in to drop off your documentation. Once we have received all the required documentation needed to start the process you will be scheduled an appointment with our case management team within 5 business days.

Documentation Needed:

- Photo ID, current and must be issued from state of Indiana
- If you are not a citizen of United States please provide your TIN card or government issued documentation
- Lease and or copy of intent to lease agreement/letter from landlord
- Last **60** days of all pay stubs for all adults 18 years and over residing in the home
- If receiving Social Security or Disability Benefits submit Award/Benefit amount letter
- WorkOne Wage Release of Information Form (*CAGI will obtain this report from WorkOne*)
- Last **two (2)** months current bank statements (*Including all pages even if they are blank & must include name, address and account number*)
- A copy of one utility bill as proof of occupancy (*Lights, Gas or Water ONLY*)
- If 18 and older and still attending school, please provide a copy of the class schedule with school name listed on document

We look forward to working with you and do not hesitate to contact us, if you have any questions or concerns.

Respectfully,

Community Action of Greater Indianapolis
Case Management Program

Community Action of Greater Indianapolis, Inc. (CAGI) does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include but not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, subcontractors, vendors, and clients.

Client Intake Form



communityaction
OF CENTRAL KENTUCKY

Name: _____ Phone Number: _____ City: _____ Zip: _____
 Street Address: _____

<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"/> Family Type <input type="checkbox"/> Non-related adults with children <input type="checkbox"/> Multigenerational home <input type="checkbox"/> Other	<input type="checkbox"/> Type of Home <input type="checkbox"/> Apartment <input type="checkbox"/> House <input type="checkbox"/> Mobile Home <input type="checkbox"/> Camper	<input type="checkbox"/> Ownership of Home <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless	Estimate the gross MONTHLY income for the home. \$ _____
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Please list all household members who reside in your home – all questions must be answered for each household member. Use the codes below to answer the boxes in color.

Name	Date of Birth	Sex M/F	Race Code	Hispanic Y/N	Military Status	Disabled Y/N	Health Insurance Code	Education Level	Work Status	Income Source Code(s)	Non-Cash Benefits
1.										List all that apply for the past 12 months	<input type="checkbox"/> Food Stamps <input type="checkbox"/> WIC <input type="checkbox"/> Energy Assistance <input type="checkbox"/> Housing (rental assistance) <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act Subsidy
2.											
3.											
4.											
5.											
6.											
7.											
8.											

Race Codes A. American Indian B. Alaska Native C. African American D. Native Hawaiian or Pacific Islander E. White F. Multi-Race G. Other	Military Status A. Veteran B. Active Duty	Health Insurance Codes A. Medicaid B. Medicare C. Other D. Military	Health Insurance Codes A. Hoosier Healthwise B. HIP Adult C. Employment Base D. Direct Purchase E. None	Education Level A. Grades 0-8 B. Grades 9-12, non-graduate C. HS Graduate / GED D. HS Graduate, some college E. 2- or 4-year college graduate	Income Source Codes A. Employment B. Social Security C. TANF D. Unemployment E. Worker's Comp F. SSI G. Alimony H. Pension I. Child Support J. Self-Employment K. VA Benefit L. Other M. No Income	Work Status A. Employed full-time B. Employed part-time C. Migrant / seasonal worker D. Unemployed (6 months or less) E. Unemployed (6 months or more) F. Never entered workforce G. Retired H. Other	Non-Cash Benefits <input type="checkbox"/> Food Stamps <input type="checkbox"/> WIC <input type="checkbox"/> Energy Assistance <input type="checkbox"/> Housing (rental assistance) <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act Subsidy
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