



Lewis County Opportunities, Inc.

Scott Mathys, Chief Executive Officer

8265 State Rte. 812, Lowville, NY 13367 • Telephone: (315) 376-8202 • Fax: (315) 376-8421 • www.lewiscountyopportunities.com

Dear Sir or Madam,

Thank you for your interest in our Transportation Program. If after reviewing the enclosed information, you are interested in applying, and would like to set up an appointment, please call us at 376-8202 (ext. 240) to speak with a Program Worker.

Information you will need for your appointment:

- Completed Intake Form/Statement of Need (Enclosed)
- Completed Budget Worksheet (Enclosed)
- Social Security card for each family member (if no Social Security Card is available, then a Birth Certificate is acceptable)
- Proof of residency – 911 address (example: National Grid or Time Warner bills)
- Income Verification for all household members (example: most recent pay stubs)
- Documentation to support request (example: if a repair is needed, you'll need to bring a copy of your license, title, registration, and insurance for any vehicles currently owned).

Please don't hesitate to call if you have any questions regarding our Transportation Program. We look forward to hearing from you.

Sincerely,

Senior Family Services Worker

Revised on 3/3/11

OPPORTUNITIES CONSUMER INTAKE FORM

HEAD OF HOUSEHOLD INFORMATION:

Name: _____
(Last, First, Middle Initial)

Phone #: _____

Address: _____
(Mailing Address)

Soc Sec #: _____

County: _____

911 (Physical Address)

(City, State, Zip)

Has Health Insurance, Medicaid, or Medicare? Yes No

<u>SOURCE OF INCOME</u>	
<small>(Circle All That Apply)</small>	
None	General Assistance
TANF	Unemployment Insurance
SSI	Employment & Other Sources
Social Security	Employment Only
Pension	Other: _____
Food Stamps	
AMOUNT OF GROSS INCOME: _____	
<small>(Circle One: weekly/bi-weekly, monthly, yearly)</small>	

<u>HOUSEHOLD TYPE</u>
<small>(Circle One)</small>
Single Parent/Female
Single Parent/Male
2 Parent Household
Single Person
2 Adults/No Children
Other: _____

HOUSEHOLD INFORMATION:

Owns Rents Homeless Other _____

Name	Gender	Relationship	DOB	Age	Race	Ethnicity	Education	Disabled
		HOH						

Race: 1) White; 2) Black or African American; 3) Multi-Race;
 4) Other; 5) American Indian & Alaska Native; 6) Native Hawaiian & Other Pacific Islander

Ethnicity: 1) Hispanic or Latin; 2) Not Hispanic or Latin

Education: A) 0-8; B) 9-12 (Non Graduate); C) High School Graduate; D) 12+ post-secondary; E) College

At Opportunities, we respect your privacy and commit to protecting your identity. We will speak with outside contacts only with your consent, with the exceptions of (1) required reporting of suspected child abuse/neglect, (2) responding to legal subpoenas, and (3) required reporting instances of danger to self and/or others. Please contact the agency if you have questions about this policy.

Statement of Need

Type of Service Requested: _____

How do you currently get back and forth to work? _____

How far is it for you to travel to your child care provider? _____

How far is it for you to go to work? _____

Is Lewis County's Public Transit Service an option for you? _____

What transportation options are available to you? _____

Please tell us about your employment:

Current Employer	Dates Employed		Hourly Rate/Salary
	From	To	
Address			
Telephone Number ()	Number of hours/week		Work Schedule
Job Title			

Next most recent Employer	Dates Employed		
	From	To	
Address			
Telephone Number ()	Reason for Leaving		
Job Title			

Please provide a brief statement of your need for our service, and how it will help you obtain and/or maintain employment. _____

I affirm to the best of my ability the information on this form is true and accurate.

Signature of Applicant or Responsible Case Worker

Date

If you would like a copy of the program policies and procedures, please check here:

BANKING AND BUDGETING

What is My Current Cash Flow?

Name:	Date:
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Itemized Income	
Wages, salary and tips	
Interest on savings accounts, CDs, etc.	\$ -
Dividends from stocks, etc.	\$ -
Social security benefits	\$ -
Pensions	\$ -
Alimony, child support (received)	\$ -
Other Income	\$ -
Minus Wage Taxes (-)	\$ -
Sub-total:	\$ -

Itemized Expenses	
Charitable/Church donations	\$ -
Child care expenses	\$ -
Mortgage payment or rent	\$ -
Automobile loan(s)	\$ -
Automobile gas	\$ -
Insurance (car, home, renter's)	\$ -
Personal loan(s)	\$ -
Charge accounts	\$ -
Real estate taxes	\$ -
Other taxes	\$ -
Utilities	\$ -
Household repair & maintenance	\$ -
Food (Food Stamps _____)	\$ -
Clothing and laundry	\$ -
Educational expenses	\$ -
Hobbies	\$ -
Gifts	\$ -
Recreation	\$ -
Major home improvements & furnishings	\$ -
Other and miscellaneous expenses	\$ -
Sub-total:	\$ -

NET INCOME:	\$ -
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