



### **DOCUMENTATION NEEDED**

- Driver's License or State ID for all adults (18 yrs. and over)
  
- Social Security cards for all members of the household
  - DHS print out can be used in place of Social Security card.
  
- Proof of Income
  - Pay stubs – for the last 2 months
  - TANF/SNAP print out from DHS
  - Child support payment history print out
  - Unemployment benefits print out
  - SSA/SSD/SSI benefit verification letter (current year)
  
- Referral form (if applicable)

INTAKE APPT. DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

\*If you need to reschedule your appointment or need to talk to our case manager/care coordinator, please call (541)808-9296 or (541)808-9297.

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**Child Support Payment History:**

Go to [www.dcs.state.or.us](http://www.dcs.state.or.us)

Click On: Case Information

Click On: Payment Information

Enter: Case Number

This screen will show you the history of your child support payments

**Print This Page**

**Unemployment Benefits:**

Go to [www.employment.oregon.gov](http://www.employment.oregon.gov)

Click on: Unemployment

Click on: Online Claims System

Click on: View Status of Weekly Report

Enter: Social Security Number and PIN Number

Click on: Where's My Check

This screen will show the history of your unemployment payments.

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**APPLICATION**

Date: \_\_\_\_\_

Are you currently homeless? Yes No

Name: \_\_\_\_\_ How many in household? \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING INFORMATION FOR ALL HOUSEHOLD MEMBERS**

**HH member #1**

Name: \_\_\_\_\_ Relationship: self

Social Security #: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Disabled? Yes No If yes, type of disability: \_\_\_\_\_ Veteran? Yes No

Income type and amount: \_\_\_\_\_

**HH member #2**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Disabled? Yes No If yes, type of disability: \_\_\_\_\_ Veteran? Yes No

Income type and amount: \_\_\_\_\_

**HH member #3**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Disabled? Yes No If yes, type of disability: \_\_\_\_\_ Veteran? Yes No

Income type and amount: \_\_\_\_\_

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**HH member #4**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Disabled? Yes No If yes, type of disability: \_\_\_\_\_ Veteran? Yes No

Income type and amount: \_\_\_\_\_

**HH member #5**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Disabled? Yes No If yes, type of disability: \_\_\_\_\_ Veteran? Yes No

Income type and amount: \_\_\_\_\_

**HH member #6**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Disabled? Yes No If yes, type of disability: \_\_\_\_\_ Veteran? Yes No

Income type and amount: \_\_\_\_\_

**\*If you need more room, please continue on the back of this sheet.**

If you are currently homeless, how long have you been homeless? \_\_\_\_\_

and where are you staying? \_\_\_\_\_

How long have you been in Coos County, OR? \_\_\_\_\_

Does anyone in the household have the following issues:

Drug/Alcohol abuse? Yes No Domestic Violence? Yes No Criminal History? Yes No

If yes to any of the above, please explain:

\_\_\_\_\_  
\_\_\_\_\_

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**\*\*Please briefly explain your current situation and need.\*\***

**Staff Notes:**