



NORTHEAST OKLAHOMA COMMUNITY ACTION AGENCY JAY OK

PRIMARY APPLICATION

# in Household:_															
Head of Housho	ld														
(appli	cant)													_	
		Last					First	t					Middle		
Physical Address	5													_	
			street				City					County		Zip	
Mailing Address														_	
			street				City					County		Zip	
1st Phone:				2nd or M	SG Phone	:						•		•	
Are you the custod	lial or legal	Guardian of r	ninor child	ren in hous	hold?		_ Ch	ild Nam	e(s):						
Has Child Support	been order	ed by the cou	rt? YES or I	NO:		IF YES, D	o you re	ceive Chi	ld Suppo	rt?		_			
						00 5 1103			V=0						
HAVE YOU RECEIVE	ED ANY SER	RVICES FROM	ANY OTHER	R AGENCY II	N THE LAST	90 DAYS?			YES		NO		_		
		Each questi	on must l	no ancivo	rad campl	otoly to	ho cons	idorod	for any	of our co	avicos				
												-\			
		(Please cho	ose the c	orrect res	ponse no	iii tiie av	allable	choices	o ioi eac	ii iaiiiiy i	пешье	1)			
				Choose fron	n drop down	menu in e	ach colur	nn							
								1	_						
NAME (Start with Applicar	nt first) Date of	f Birth Social Sec	curity Number	Relation to Applicant	Ethnicity	Race	Education	Gender	Marital Status	Health Ins?	Disabled	Military Status	YOUTH 14-24 years of age	Work Status	Non-Cash Benefits
					1. Hispanic		1. 0-8 grade	1. Male	1. Child	1. None	answer	1. Veteran	1.not working-not in school	1.Employed-Full time	1. SNAP
					or		2. 8+Non-grad		2. Single	2. Medicaid	yes or no for each	2. Active 3. Unknown/not	2.working-not in school	2.Employed-Part time	3. LIHEAP
(Please choose the correct				3. Grandchild	2. Non-Hispanic	3. Am Indian	3. HS Grad	3. Unspecifie	d 3. Married	3.Medicare	family	4. NO Military	3.in school-not working	Retired Lisabled (SSA)	4. Housing
response from the available choices for each family member)			4. Parent			4. Some col	4. Other	4. Separated	4. Employer	member	status	J	5.Unemployed-6	voucher 5. Public	
			5. Non-related		5. Bi-Racial	5. 2-4 yr col		5. Divorced		-			mos or less	Housing 6.Permanent	
	000	wy		6. Sibling		Į	6. GED	J	6. Widowed	6. Direct Purchase				6.Unemployed-more than 6 mos	Support Housing
														7.Unemployed	7. Childcare Subsidary: DHS or Tribal?
				_						7.Sooner Care 8.Unknown/				8.Unknown/not	8. Affordable
										not reported	-			reported	Care Act
										9.Indian					9. not eligible 10. not applied 11 no need
		T.			_		_			Health				_	
NAME	DATE OF	SOCIAL SECURITY	RELATION TO	ETHNICITY	RACE	EDUCATIO	ON GE	NDER	MARITAL	HEALTH INS?	DISABLED	MILITARY	YOUTH 14-24	WORK STATUS	NON-CASH
TO THE STATE OF TH	BIRTH	NUMBER	APPLICANT	2111110111	10.02	Localina			STATUS		DISABLES	STATUS	YEARS OF AGE	- Tomas in the same	BENEFITS
Example: John Doe	1/1/00	444889999	Applicant	Non Hispanic	Am Indian	HS Grad	Unsc	ecified	Divorced	Unknown/no report	Yes	Veteran	In School-Not Working	Unemployed- more than 6mos	Affordable Care Act
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	-				+		_								
					+										
					+										
—		—	_		+		-						1	+	