

Northeast South Dakota Community Action Program (NESDCAP) 104 Ash St.E., Sisseton, SD 57262
605-698-7654 phone; 605-698-3038 fax

Agency _____

Name	Head of Household	Other Member	Other Member	Other Member
SSN				
Last				
First				
Middle				
DOB				
Age				

Address _____ City _____ County _____
State _____ Zip _____ Phone: _____ Other Phone: _____

Relationship: S-Self SP-Spouse C-Child P-Parent O-Other

Relationship	M F		M F		M F		M F	
Gender								
Food Stamps	Y	N	Y	N	Y	N	Y	N
Medicare	Y	N	Y	N	Y	N	Y	N
Medicaid	Y	N	Y	N	Y	N	Y	N
Health Insurance	Y	N	Y	N	Y	N	Y	N
I.H.S.	Y	N	Y	N	Y	N	Y	N
Disabled	Y	N	Y	N	Y	N	Y	N
Farmer/Rancher	Y	N	Y	N	Y	N	Y	N
Veteran	Y	N	Y	N	Y	N	Y	N

Ethnicity
Hispanic/Latino _____ Y N _____ Y N _____ Y N _____ Y N

Race: A. White B. Black/African American C. American Indian/Alaska Native D. Asian E. Native Hawaiian/Pacific Island F. Other G. Multi-Race

Race _____

Education (Check One per individual)

0 - 8				
9 - 12 (non grad)				
HS Grad or GED				
12+				
College Grad				

Income (indicate A. Weekly B. Bi-Weekly C. Bi-Monthly D. Monthly E. Quarterly F. Annually and dollar amount)

Employment				
TANF				
SSI				
SSD or SSA				
Pension				
Unemployment				
Child Support				
Alimony				
Div/ Int/ Rent				
Other				
Total				

Total number of persons in the household _____

Total Household Income per month _____ or past year _____

Please Provide verification of income.

For Office Use Only:

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Name	Other Member	Other Member	Other Member	Other Member
Last				
First				
Middle				
Alias, AKA				
DOB				
Age				
SSN				

Relationship: S-Self SP-Spouse C-Child P-Parent O-Other

Relationship				
Gender	M	F	M	F
Food Stamps	Y	N	Y	N
Medicare	Y	N	Y	N
Medicaid	Y	N	Y	N
Health Insurance	Y	N	Y	N
I.H.S.	Y	N	Y	N
Disabled	Y	N	Y	N
Farmer/Rancher	Y	N	Y	N
Veteran	Y	N	Y	N

Ethnicity

Hispanic/Latino	Y	N	Y	N	Y	N	Y	N
Race: A. White B. Black/African American C. American Indian/Alaska Native D. Asian E. Native Hawaiian/Pacific Island F. Other G. Multi-Race								
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Employment				
TANF				
SSI				
SSD or SSA				
Pension				
Unemployment				
Child Support				
Alimony				
Div/ Int/ Rent				
Other				
Total*				

* Add total income from this page to total on page 1.

**NORTHEAST SOUTH DAKOTA COMMUNITY ACTION PROGRAM
NORTHEAST SOUTH DAKOTA ECONOMIC CORPORATION**

104 Ash Street East, Sisseton, South Dakota 57262-1908
Phone: (605) 698-7654 Fax (605) 698-3038

AUTHORIZATION TO FURNISH AND RELEASE INFORMATION

To:

NAME ADDRESS CITY STATE ZIP CODE

RE: Applicant: (please print)

First Name MI Last Name

RE: Co-Applicant: (please print)

First Name MI Last Name

Address City State Zip Code

I/We authorize any person, agency or institution to supply information requested by Northeast South Dakota Community Action Program (NESDCAP) and/or Northeast South Dakota Economic Corporation (NESDEC), concerning me or my family and to allow inspection and reproduction of records in his/her or their possession pertaining to me or my family by a duly authorized representative of Northeast South Dakota Community Action Program and/or Northeast South Dakota Economic Corporation.

I/We authorize NESDCAP/NESDEC to release such information to providers or cooperating State or Federal Agencies.

I/We hereby release any person, agency, or institutions from any and all liability to me or my family for supplying such information.

This authorization is given only in connection with its use by NESDCAP/NESDEC in its administration of its programs and for no other purpose. It shall continue in effect until such time as I/We state, in writing, to Northeast South Dakota Community Action Program (NESDCAP) and/or Northeast South Dakota Economic Corporation (NESDEC).

Applicant:

Signature

Date

Co-Applicant:

Signature

Date

Saved: Shared\Agency Forms...\Forms\Authorization to release 2-2010

"Serving people's needs to promote community excellence"

NESDCAP is an Equal Opportunity Lender, Provider and Employer

Complaints of discrimination should be sent to: USDA, Director, Office of Civil Rights, 1400 Independence Ave SW, Washington, DC 20250-9410