

## CPC APPLICATION – CONDENSED (Electronic)

NAME (first, middle, last): _____ Maiden / previous: _____ DATE OF BIRTH: _____	
ADDRESS: _____ PHONE: _____	
GENDER: _____ Female _____ Male SOCIAL SECURITY NO: _____ STATE ID: _____	
EMERGENCY CONTACT: _____ PERSON COMPLETING FORM: _____	
ETHNICITY: _____ 1 White, not Hispanic _____ 2 African-American, not Hispanic _____ 3 American Indian / Alaska Native _____ 4 Asian or Pacific Islander _____ 5 Hispanic _____ 6 Other	INCOME: _____ RESOURCES: _____ Employment wages _____ Cash on hand _____ Public assistance _____ Checking _____ Social Security _____ Savings _____ Soc.Sec. Disability _____ Stock / bonds _____ SSI _____ Time certificates _____ Veterans Benefits _____ Trust fund(s) _____ Railroad Pension _____ Other: _____ Child support _____ Other: _____ Dividends / interest _____ Other: _____ Other: _____ Other: _____
GUARDIAN: _____ 1 Self _____ 2 Other Name: _____ Phone: _____	CURRENT EMPLOYMENT: _____ 1 Unemployed, available _____ 2 Unemployed, unavailable _____ 3 Employed, full-time _____ 4 Employed, part-time _____ 5 Retired _____ 6 Student _____ 7 Work activity _____ 8 Sheltered work _____ 9 Supported employment _____ 10 Vocational Rehab. _____ 14 Other
VETERAN: _____ Yes _____ No _____ Unknown Branch: _____ Dates: _____	Employer: _____ Since: _____ INSURANCE: _____ 1 Self-insured _____ 2 Insured by employer _____ 3 Medicare _____ 4 Medicaid _____ 5 No insurance 6 Other (describe): _____ Carrier: _____
MARITAL STATUS: _____ 1 Single, never married _____ 2 Married (includes common law) _____ 3 Divorced _____ 4 Separated _____ 5 Widowed	LEGAL SETTLEMENT Moved to current address: _____ Previous 1. _____ Addresses From _____ To _____ 2. _____ From _____ To _____ 3. _____ From _____ To _____
LEGAL STATUS: _____ 1 Voluntary _____ 2 Involuntary, civil commitment	SERVICES NEEDED / REQUESTED: 1. _____ 2. _____ 3. _____
LIVING SITUATION: _____ 1 Lives alone _____ 2 Lives relatives _____ 3 Lives with persons unrelated	RESIDENTIAL ARRANGEMENT: _____ 1 Private residence _____ 8 RCF/PMI _____ 2 State MHI _____ 9 ICF _____ 3 State Resource Center _____ 10 ICF/MR _____ 4 CSALA _____ 11 ICF/PMI _____ 5 Foster Care/Family Life _____ 12 Correctional Facility _____ 6 RCF _____ 13 Homeless shelter _____ 7 RCF/MR _____ 14 Other
DISABILITY GROUP: _____ 40 MI _____ 42 MR _____ 44 Other _____ 41 CMI _____ 43 DD _____ 45 BI	REFERRAL SOURCE: _____ 1 Self _____ 2 Family / friend _____ 3 Case Mgt. _____ 4 Other Case Mgt. _____ 5 Corrections _____ 6 Social agency _____ 7 Other
YEARS OF EDUCATION: _____	MEDICAL: Physician: _____ Psychiatrist: _____
CUURRENT/PREVIOUS MENTAL HEALTH SERVICES: _____ Yes _____ No Date of first treatment: _____ _____ Yes _____ No Received continuous treatment since? _____	<b>PLEASE READ BEFORE SIGNING</b> I do solemnly swear or affirm that the above information is true and correct. CPC may use Social Security Number as a unique identifier. I do further authorize the County Central Point of Coordination and/or designee to investigate and verify this information, if needed, including mental health/substance abuse treatment. _____ Initial
Provider: _____ Dates: _____ Provider: _____ Dates: _____	Signed, Applicant or Legal Representative _____ Date _____