



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](http://www.lewiscountyopportunities.com)

Dear Sir or Madam,

Here is the repair application you have requested. Please fill out enclosed documents and return with listed items below.

Information you will need to submit:

- **Proof of residency** – 911 address (example: National Grid or Time Warner bills)
- **Income Verification for ALL household** members (example: last month's pay stubs)
- **An estimate for repairs** (from any garage)
- **Copies of;**
  - Driver's license
  - Title of Vehicle
  - Insurance for Vehicle
  - Registration of Vehicle

If you wish to view our Transportation Policy and Procedure, you may access it through our website at [www.lewiscountyopportunities.com](http://www.lewiscountyopportunities.com).

Once all of the information has been received, it will be reviewed and I will call you to set up an appointment. We look forward to working with you.

Sincerely,

A handwritten signature in black ink that reads "Roxanne Putman". The signature is written in a cursive, slightly slanted style.

Roxanne Putman  
Family Services Worker

# OPPORTUNITIES CONSUMER INTAKE FORM

## HEAD OF HOUSEHOLD INFORMATION:

Name: \_\_\_\_\_  
(Last, First, Middle Initial)

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
(Mailing Address)

Soc Sec #: \_\_\_\_\_

\_\_\_\_\_

911 (Physical Address)

County: \_\_\_\_\_

\_\_\_\_\_

(City, State, Zip)

Has Health Insurance, Medicaid, or Medicare?  Yes  No

<b>SOURCE OF INCOME</b> <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>	

<b>HOUSEHOLD TYPE</b> <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.

## Lewis County Opportunities Transportation Program Statement of Need

How do you currently get back and forth to work? \_\_\_\_\_

How far is it for you to travel to work including stops to your child care provider? \_\_\_\_\_

Is Lewis County's Public Transit Service an option for you?    Yes \_\_\_\_\_    No \_\_\_\_\_

If no, please explain: \_\_\_\_\_

What transportation options are available to you? \_\_\_\_\_

Have you been to DSS for help with this issue?                      Yes                       No

If Yes, Please explain why you were denied. \_\_\_\_\_

**If No, please know that you will be asked to do so before we review your application.**

Please tell us about your employment:

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

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

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

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 Resoponsible Case Worker

\_\_\_\_\_  
Date

# Monthly Budget Worksheet

What is my current cash flow?

**Itemized Income**

Wages, salary and tips	\$	
Social Security Benefits	\$	
Alimony, Child support (received)	\$	
Interest on savings accounts CDs, etc.	\$	
Pensions	\$	
<b>(A). Total Before Taxes:</b>	\$	-
<b>- Taxes Paid Out:</b>		
<b>=(B). Net Income:</b>	\$	-

**Itemized Expenses**

Mortgage Payment or Rent Paid By You	\$	
Amount paid by Housing -		
Food	\$	
Amount paid by SNAP -		
Electric Bill	\$	
Phone Bill	\$	
Internet Bill	\$	
Cell Phone Bill	\$	
Heat (Oil/Propane/Wood)	\$	
Automobile Loan(s)	\$	
Automobile Gas (per month)	\$	
Automobile Insurance	\$	
Child Care Expenses	\$	
Amount paid by other sources -		
Personal Loan(s)	\$	
Credit Card(s)	\$	
Educational Expenses	\$	
Real Estate Taxes	\$	
School Taxes	\$	
Other Taxes	\$	
Clothing and Laundry	\$	
Household repair and miantenance	\$	
Recreation	\$	
Habits/Hobbies	\$	
<b>Total Amount Going Out:</b>	\$	-
<b>(B). Net Income:</b>	\$	-
<b>Amount Left over at the end of the month:</b>	\$	-

Do you currently owe any back payments?      Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list.

To Whom	Amount	Last Paid

**GENERAL INFORMATION**

**1. What township do you live in? (check one)**

- |                                     |                                      |                                     |   |
|-------------------------------------|--------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Croghan    | <input type="checkbox"/> Lewis       | <input type="checkbox"/> Montague   | <input type="checkbox"/> Watson                   |
| <input type="checkbox"/> Denmark    | <input type="checkbox"/> Leyden      | <input type="checkbox"/> New Bremen | <input type="checkbox"/> West Turin               |
| <input type="checkbox"/> Diana      | <input type="checkbox"/> Lowville    | <input type="checkbox"/> Osceola    | <input type="checkbox"/> Other (Not Lewis County) |
| <input type="checkbox"/> Greig      | <input type="checkbox"/> Lyons Dale  | <input type="checkbox"/> Pinckney   | _____   |
| <input type="checkbox"/> Harrisburg | <input type="checkbox"/> Martinsburg | <input type="checkbox"/> Turin      |   |

**2. What school district are you in? (check one)**

- |                                       |                                      |                                   |   |
|---------------------------------------|--------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Beaver River | <input type="checkbox"/> Harrisville | <input type="checkbox"/> S. Lewis | <input type="checkbox"/> Other (Not Lewis County) |
| <input type="checkbox"/> Copenhagen   | <input type="checkbox"/> Lowville    | <input type="checkbox"/> Turin    | _____   |

Check if any of your children are currently being home-schooled.

**3. Including yourself, how many persons (children and adults) live in your household?** \_\_\_\_\_

**4. Including yourself, how many persons in your household are age ... ?**

0-5 _____	12-17 _____	24-44 _____	55-69 _____
6-11 _____	18-23 _____	45-54 _____	70+ _____

**5. Are you ... ?**  Male  Female

**6. Check if you are a single parent?**

**7. Which of the following best describes your race and ethnicity? (check one)**

- |  |  |
|--|--|
| <input type="checkbox"/> African American or Black | <input type="checkbox"/> Native American or Alaskan Native   |
| <input type="checkbox"/> Asian                     | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Caucasian or White        | <input type="checkbox"/> Multi-Race                          |
| <input type="checkbox"/> Hispanic or Latino        |  |

**8. What language is usually spoken in your household?**

- |                                  |                                |
|----------------------------------|--------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Other |
| <input type="checkbox"/> Spanish | _____                          |

**9. Check if anyone in your household served in the military?**

**10. What is the highest level of education you have completed? (check one)**

- |  |   |
|--|---|
| <input type="checkbox"/> Up to the 8th grade     | <input type="checkbox"/> Some College (no degree) |
| <input type="checkbox"/> 9th - 12th (no diploma) | <input type="checkbox"/> Two or Four year degree  |
| <input type="checkbox"/> High School degree      | <input type="checkbox"/> Graduate degree          |

## HOUSING

11. Which of the following best describes your housing status?

- Own home       Rent home       Homeless (explain) \_\_\_\_\_

12. Below is a list of housing problems. Please check any that apply to you.

- I am at risk of foreclosure on the home I own  
 I am at risk of eviction from the home I rent  
 I cannot find affordable housing to buy  
 I cannot find housing to rent (list reason) \_\_\_\_\_  
 I cannot afford to make needed repairs to my home  
 I cannot afford the heat & electric bills  
 Other (please explain) \_\_\_\_\_

13. Which of the following best represents the condition of your residence? (check one)

- In good shape, needs no repairs  
 Needs minor repairs  
 Safe, but needs major repairs  
 Such poor condition that it is unsafe  
 Needs disability access improvements (wheelchair ramp, wider doorways, etc.)

## FOOD AND NUTRITION

14. In the last 12 months, have you or anyone in your home ... ? (check all that apply)

- Gone hungry because you were not able to get enough food  
 Skipped or cut the size of a meal because there wasn't enough money for food  
 Accessed a food pantry  
 Received food stamps (SNAP)  
 Received WIC  
 Utilized the school breakfast/lunch program  
 Received meals from a Senior Meal program (through OFA or Meals on Wheels)  
 Utilized children's summer food program  
 Other (please explain) \_\_\_\_\_

## HEALTH AND SAFETY

15. In the last 12 months, did any member of your household need, but not have ... ?

- Appropriate clothing for weather  
 Appropriate clothing for job  
 The ability to clean and maintain clothing

## HEALTH AND SAFETY (CONTINUED)

16. In the last 12 months, did any member of your household need, but not receive ... ?

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Medical Care | <input type="checkbox"/> Mental Health Care |
| <input type="checkbox"/> Dental Care  | <input type="checkbox"/> Prescription Drugs |

If any of these boxes are checked, please indicate the reason(s): (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Costs too much                   | <input type="checkbox"/> Nervous/fearful of experience    |
| <input type="checkbox"/> No insurance                     | <input type="checkbox"/> Didn't know where to go for help |
| <input type="checkbox"/> Office wasn't open               | <input type="checkbox"/> Could not get child care         |
| <input type="checkbox"/> Wait too long for an appointment | <input type="checkbox"/> Other (please explain)           |
| <input type="checkbox"/> No transportation                | _____   |

17. How many members of your household do not have health insurance?  
(Medicaid, Medicare, Family Health Plus, Child Health Plus, or private insurance)

Children (17 years and under) \_\_\_\_\_ Adults (18 years and older) \_\_\_\_\_

18. In the last 12 months, have you been the victim of ... ?

- |  |   |
|--|---|
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Stalking                     |
| <input type="checkbox"/> Rape              | <input type="checkbox"/> DWI Accident                 |
| <input type="checkbox"/> Burglary          | <input type="checkbox"/> Identity Theft               |
| <input type="checkbox"/> Assault           | <input type="checkbox"/> Other (please explain) _____ |

## TRANSPORTATION

19. On average, how many miles do you drive back and forth to work each day (round trip)?

- 0-20       21-40       41+

20. In the past 12 months, has any member of your household ...? (check one)

- Used the public bus system
- Been aware of, but not needed the public bus system
- Been aware of, but not been able to use the public bus system (list reason)
- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Too expensive  | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Not convenient |                                      |

21. In the last 12 months, has your household experienced ...? (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> No access to transportation     | <input type="checkbox"/> Unable to afford car repairs |
| <input type="checkbox"/> No car insurance                | <input type="checkbox"/> Other _____                  |
| <input type="checkbox"/> Unable to afford gas            |   |
| <input type="checkbox"/> No license or license suspended |   |

## CHILD CARE

22. In the last 12 months, have you had problems getting or keeping adequate child care?

Yes     No     Not applicable    Number hours/week needed: \_\_\_\_\_

If yes, what problems did you have? (check all that apply)

- Infant care not available/hard to find
- Evening care not available/hard to find
- Weekend care not available/hard to find
- Part-time care not available/hard to find
- Child had excessive number of sick days
- Couldn't find affordable care
- Couldn't find care for child with special needs
- Couldn't find quality child care
- Other (please explain) \_\_\_\_\_

23. In the last 12 months, challenges you've faced with your child(ren): (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Not applicable - no children at home      | <input type="checkbox"/> Teen Pregnancy                   |
| <input type="checkbox"/> Skipping school or dropping out of school | <input type="checkbox"/> Tobacco/Alcohol use              |
| <input type="checkbox"/> Victim of gang violence                   | <input type="checkbox"/> Drug Abuse                       |
| <input type="checkbox"/> Bullying                                  | <input type="checkbox"/> Trouble with law enforcement     |
| <input type="checkbox"/> Victim of bullying                        | <input type="checkbox"/> Emotional or behavioral problems |
| <input type="checkbox"/> Learning disability                       | <input type="checkbox"/> Weight or eating habits          |
| <input type="checkbox"/> Developmental Delay                       | <input type="checkbox"/> Other (please explain) _____     |
| <input type="checkbox"/> Dating violence                           |   |
| <input type="checkbox"/> Sexual assault (including date rape)      |   |

## EMPLOYMENT AND INCOME

24. Including yourself, how many adults (18+) in your household are currently ... ?

Unemployed \_\_\_\_\_ Looking for work \_\_\_\_\_

If looking for work, what have been the reasons for not finding/keeping a job? Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> No problems, I have a job       | <input type="checkbox"/> Mental/physical disability         |
| <input type="checkbox"/> Not enough jobs available       | <input type="checkbox"/> The work I have is seasonal        |
| <input type="checkbox"/> Recent layoffs or hours cut     | <input type="checkbox"/> Criminal record                    |
| <input type="checkbox"/> Not the right job skills        | <input type="checkbox"/> No regular place to sleep at night |
| <input type="checkbox"/> Don't know where/how to search  | <input type="checkbox"/> No telephone                       |
| <input type="checkbox"/> Needed tools/clothing/equipment | <input type="checkbox"/> Language barriers                  |
| <input type="checkbox"/> Transportation                  | <input type="checkbox"/> Other (please explain) _____       |
| <input type="checkbox"/> Child Care                      |   |



## EMPLOYMENT AND INCOME (CONTINUED)

25. Which of these are sources of income in your household? (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> No Income             | <input type="checkbox"/> Public Assistance      |
| <input type="checkbox"/> Wages from employment | <input type="checkbox"/> Child Support          |
| <input type="checkbox"/> Unemployment          | <input type="checkbox"/> Worker's Compensation  |
| <input type="checkbox"/> Social Security       | <input type="checkbox"/> Retirement/VA Pension  |
| <input type="checkbox"/> Disability            | <input type="checkbox"/> Other (please explain) |
| <input type="checkbox"/> SSI                   |   |
- 

26. In the last 12 months, what was your estimated annual household income? (Include all resources from question 25).

- |  |  |
|--|--|
| <input type="checkbox"/> Unknown           | <input type="checkbox"/> \$30,001 - \$40,000 |
| <input type="checkbox"/> 0-\$10,000        | <input type="checkbox"/> \$40,001 - \$50,000 |
| <input type="checkbox"/> \$10,001-\$20,000 | <input type="checkbox"/> \$50,001 - \$75,000 |
| <input type="checkbox"/> \$20,001-\$30,000 | <input type="checkbox"/> More than \$75,000  |

27. In the last 12 months, did any of the following happen to you? (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Fell behind in rent or mortgage | <input type="checkbox"/> Car, appliance, or furniture repossessed          |
| <input type="checkbox"/> Pressured by bill collectors    | <input type="checkbox"/> Pawned or sold valuables to pay bills             |
| <input type="checkbox"/> Used a payday loan service      | <input type="checkbox"/> Borrowed money from friends/family for bills      |
| <input type="checkbox"/> Used a check cashing service    | <input type="checkbox"/> Had utilities (water, heat, or electric) shut off |
| <input type="checkbox"/> Could not pay child care bill   | <input type="checkbox"/> Had gambling losses                               |

## INFORMATION AND COMMUNICATION

28. Which of the following are available in your home? (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Internet        | <input type="checkbox"/> Daily or weekly newspaper   |
| <input type="checkbox"/> E-Mail          | <input type="checkbox"/> TV-local channels only      |
| <input type="checkbox"/> Land-line Phone | <input type="checkbox"/> Cable/Satellite TV          |
| <input type="checkbox"/> Cell Phone      | <input type="checkbox"/> Children's Reading Material |

29. Which of the following *Opportunities* services are you aware of?

- |   |   |
|---|---|
| <input type="checkbox"/> Food Pantries            | <input type="checkbox"/> Transportaton Programs                 |
| <input type="checkbox"/> Rental Assistance        | <input type="checkbox"/> Weatherization Programs                |
| <input type="checkbox"/> Tax Preparation          | <input type="checkbox"/> 24 Hour Help-line (376-4357)           |
| <input type="checkbox"/> Car Seats                | <input type="checkbox"/> Domestic Violence/Rape Crisis services |
| <input type="checkbox"/> Crime Victims Assistance | <input type="checkbox"/> "Opportunity Knocks" Thrift Store      |

## INFORMATION AND COMMUNICATION (CONTINUED)

30. Which of the following do you or someone in your household want/need help with?  
(check all that apply)

- Financial/Budgeting skills
- Computer skills
- Reading
- Writing
- Learning English
- School Work

- Getting your high school diploma/GED
  - Job Search skills
  - Citizenship education
  - Other (please explain)
- 

31. Please check all that apply:

- I have visited the agency web site at [www.lewiscountyopportunities.com](http://www.lewiscountyopportunities.com)
- I have seen "What's Happening at Lewis County Opportunites" in the Pennysaver
- I have seen *Opportunities* information at varous locations throughout the county
- I've heard information about *Opportunities* on the local radio station.

## THANK YOU!

Thank you for taking the time to complete this survey. Please feel free to use the space below for an additional comments you may have. To learn more about *Opportunities* visit:

[www.lewiscountyopportunities.com](http://www.lewiscountyopportunities.com)

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