



**NC Cares Act COVID-19
Applicant Intake Assessment Checklist**

Name: _____

Address: _____

Telephone Number: _____ Referral Source _____

COVID-19 CARES ACT Relief Assistance

How were you affected by the COVID-19 Health Pandemic? _____

Are you in need of emergency assistance due to the COVID-19 Health Pandemic? Yes ___ No ___

If you checked yes, please explain? _____

Education Level _____ Are you enrolled in school? Yes ___ No ___

Employer: _____ Pay Rate: _____

Are you willing to work if unemployed? Yes ___ No ___

Do you have transportation? Yes ___ No ___

Family Structure: Two Parent ___ Single Parent ___ Single Person _____

Name	Relationship	DOB	Notes

Appointment Date: _____

Location: _____

Notes _____

Long-term

Goals: _____