



# CUSTOMER CONNECTION FORM

To better serve and connect you with as many programs as will fit your needs, please fill out form completely.



Date: \_\_\_\_\_ Do you have an appointment today? Y\_\_ N\_\_ Appointment Type? \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City & ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Who referred you to NMCAA? \_\_\_\_\_

# of People Living in the Household \_\_\_\_\_ # of Adults \_\_\_\_\_ # of Children \_\_\_\_\_

Are you a current or previous homeowner? Y\_\_ N\_\_

Facing Foreclosure? Y\_\_ N\_\_ Renting \_\_ Mortgage \_\_ Monthly Payment \_\_\_\_\_

Notice of Eviction? Y\_\_ N\_\_

Considering Bankruptcy? Y\_\_ N\_\_ Attorney's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Married \_\_ Single \_\_ Spouse's Name \_\_\_\_\_

Are you, or an immediate member of your household, a veteran? Y\_\_ N\_\_

**Monthly Income:**

Gross Wages: \_\_\_\_\_

**Debt:**

Credit Cards: \_\_\_\_\_

Social Security: \_\_\_\_\_

Collection/Judgements: \_\_\_\_\_

Child Support: \_\_\_\_\_

Other: \_\_\_\_\_

*I understand that all of the information gathered on this form is for evaluative purposes and will help determine which programs I may qualify for. All of the information that has been requested will be kept confidential.*

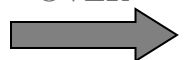
*I give Northwest Michigan Community Action Agency permission to release my information to various agencies or businesses in order to determine my eligibility for assistance.*

YES, I would like someone to call me regarding my stated need(s).

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>For NMCAA use only.</b> Staff please mark information given or sent, and name of other NMCAA staff referred to.				
<input type="checkbox"/> Tax Help	<input type="checkbox"/> Budget/Credit Counseling	<input type="checkbox"/> Pre Bankruptcy	<input type="checkbox"/> Foreclosure	<input type="checkbox"/> IDA
<input type="checkbox"/> Rental Housing Info	<input type="checkbox"/> Early Head Start	<input type="checkbox"/> First time Homebuyer	<input type="checkbox"/> Weatherization	<input type="checkbox"/> Utilities
<input type="checkbox"/> Head Start	<input type="checkbox"/> Food Assistance	<input type="checkbox"/> Homeless	<input type="checkbox"/> Healthcare Info	<input type="checkbox"/> Mich. Enrolls
<input type="checkbox"/> FMS Workshops	<input type="checkbox"/> Debt Management	<input type="checkbox"/> Home Repair	<input type="checkbox"/> Dental care Info	<input type="checkbox"/> Bldg. Perf.
<input type="checkbox"/> Childcare Assistance	<input type="checkbox"/> Meals on Wheels	<input type="checkbox"/> Other _____ Referral given to (names): _____		
Actions taken prior to referral: _____				
Staff/Volunteer Completing Form: _____				

**OVER**



## CUSTOMER NEEDS QUESTIONNAIRE

1. Y\_\_\_N\_\_\_ Are you currently homeless?  
\*Call **844.900.0500** for immediate assistance\*
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2. Y\_\_\_N\_\_\_ Would you like information on making your home more energy efficient to lower your heating costs? [Weatherization]
3. Y\_\_\_N\_\_\_ Would you like to have your taxes prepared for free? [Tax Preparation]
4. Y\_\_\_N\_\_\_ Do you have questions about the Home Heating Credit or the Earned Income Credits? [Tax Preparation]
5. Y\_\_\_N\_\_\_ Are you interested in learning about food assistance programs? [Food Programs]
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6. Y\_\_\_N\_\_\_ Do you need help heating your home? [Utilities Assistance]
7. Y\_\_\_N\_\_\_ Are you able to pay your rent/mortgage on time each month? [Foreclosure Prevention/Housing Counseling]
8. Y\_\_\_N\_\_\_ Do you know someone who is homebound, 60+ years old, and unable to cook for themselves, and would like meals delivered to their home? [Meals on Wheels]
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9. Y\_\_\_N\_\_\_ Would you like to have help budgeting your money? [Budget Counseling/Workshops]
10. Y\_\_\_N\_\_\_ Are you able to save money each month? [Budget Counseling/IDA]
11. Y\_\_\_N\_\_\_ Are you interested in learning about owning your own home? [Homeownership Counseling/Workshops]
12. Y\_\_\_N\_\_\_ Are you a homeowner whose home needs repairing?  
If yes, what? \_\_\_\_\_ [Housing Rehabilitation]
13. Y\_\_\_N\_\_\_ Are you considering Bankruptcy? [Pre/Post Bankruptcy Counseling]
14. Y\_\_\_N\_\_\_ Are you in the process of looking for a new home/apartment to rent? [Housing Resource Guide]
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15. Y\_\_\_N\_\_\_ Do you need adequate childcare for when you work or go to school? [Head Start]
16. Y\_\_\_N\_\_\_ Are you interested in a free preschool program? [Head Start]
17. Y\_\_\_N\_\_\_ Are you interested in a free home visiting program for families with children three years and younger? [Early Head Start]

Additional needs not listed above: