

## CCACC Benefit Enrollment Consultation Service Application

<b>Last Name:</b>		<b>First Name:</b>		<b>Sex:</b>	<b>Date of Birth:</b>	<b>Age:</b>
				<input type="radio"/> M <input type="radio"/> F	(MM/DD/YYYY)	
<b>Address:</b>			<b>Phone:</b>		<b>Immigration Status:</b>	
(street)			(H)		<input type="radio"/> Greencard, since _____ <input type="radio"/> Citizen, since _____ <input type="radio"/> Others: _____	
State:		Zip Code:		(C)		<b>Race:</b>
<b>Health:</b>		<b>Disability</b>	<b>Marital Status:</b>		<b>Household Members:</b>	
<input type="radio"/> Poor <input type="radio"/> Fair <input type="radio"/> Good <input type="radio"/> Very Good		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Married Separated <input type="radio"/> Widow <input type="radio"/> Divorced		Spouse:  Other members:	
<b>Current Health Insurance:</b>						
<input type="radio"/> Medicare <input type="radio"/> Medicaid <input type="radio"/> QMB, SLMB <input type="radio"/> Obamacare <input type="radio"/> Uninsured <input type="radio"/> Other insurance: _____						
<b>Income Status:</b>			<b>Shelter Costs:</b>		<b>Enrolled Benefits:</b>	
<input type="radio"/> Social Security: \$ _____ <input type="radio"/> SSI \$ _____ <input type="radio"/> Earned Income: \$ _____ <input type="radio"/> Others: \$ _____ <input type="radio"/> Resource/Assets: \$ _____			Rent: \$ _____ Gas: \$ _____ Utility: \$ _____ Other expense: \$ _____		<input type="radio"/> SNAP (Food Stamp) <input type="radio"/> Energy Assistance Program (EAP) <input type="radio"/> Housing Assistance Program <input type="radio"/> Others: _____ <input type="radio"/> Others: _____	
<b>I want to know more about:</b>					<b>Interested in CCACC Program:</b>	
<input type="radio"/> Medicaid <input type="radio"/> Low-Income Subsidy for Medicare Prescription Drug Coverage (LIS) <input type="radio"/> SNAP (Food Stamp) <input type="radio"/> Housing Assistance Program (RAP, Section 8, Housing Choice Voucher) <input type="radio"/> Others: _____					<input type="radio"/> QMB, SLMB <input type="radio"/> Energy Assistance Program (EAP) <input type="radio"/> PAVHC <input type="radio"/> ADHC <input type="radio"/> Home Care <input type="radio"/> Evergreen <input type="radio"/> Others: _____	
<b>Responsibility:</b>				<b>Signature:</b>		<b>Date:</b>
I have answered all of the above questions based on my best understanding. I will be responsible for the result caused by the incorrect information I provide. I understand that this application is only for the consultation service; CCACC is not responsible for the result of any benefit application.						
Any question, please call CCACC Grant Application Assistance Program hotline 301-663-0983 or 301-820-7200 ext8315. You can fax this from to 240-668-9828 or Email to <a href="mailto:gaap@ccacc-dc.org">gaap@ccacc-dc.org</a>						
<b>FOR AGENCY USE ONLY:</b>					<b>Consultation Date:</b>	

## 美京華人活動中心 \* 社會福利及救助諮詢 \* 申請人信息表

<b>中文姓名:</b>		<b>英文姓名:</b>		<b>性別:</b>	<b>生日(月/日/年):</b>	<b>年齡:</b>
		(Last, Middle, First)		<input type="radio"/> 男 <input type="radio"/> 女		
<b>地址:</b>			<b>連絡電話:</b>		<b>移民身分:</b>	
(street)			(H)		<input type="radio"/> 綠卡, 自_____年起	
State:      Zip Code:			(C)		<input type="radio"/> 公民, 自_____年起	
					<input type="radio"/> 其他: _____	
<b>健康情形:</b>		<b>是否為殘疾</b>	<b>婚姻狀況:</b>		<b>家戶成員:</b>	
<input type="radio"/> 差 <input type="radio"/> 普通 <input type="radio"/> 良好 <input type="radio"/> 非常好		<input type="radio"/> 是 <input type="radio"/> 否	<input type="radio"/> 未婚 <input type="radio"/> 已婚 <input type="radio"/> 分居 <input type="radio"/> 離婚 <input type="radio"/> 喪偶		配偶:  其他成員:	
<b>目前使用的醫療保險:</b>						
<input type="radio"/> Medicare (紅藍卡) <input type="radio"/> Medicaid (白卡) <input type="radio"/> QMB, SLMB (灰卡) <input type="radio"/> Obamacare (歐巴馬保險) <input type="radio"/> 無保險 <input type="radio"/> 其他保險: _____						
<b>收入狀況:</b>			<b>支出狀況:</b>			<b>已領取的福利資源:</b>
<input type="radio"/> SSA退休金: \$ _____/月 <input type="radio"/> SSI生活補助金: \$ _____/月 <input type="radio"/> 工作收入: \$ _____/月 <input type="radio"/> 其他收入: \$ _____/月 <input type="radio"/> 銀行存款: \$ _____			房租: \$ _____/月 水電瓦斯費: \$ _____/月 其他支出: \$ _____/月			<input type="radio"/> 糧食券 (SNAP) <input type="radio"/> 低收入戶能源補助 (EAP) <input type="radio"/> 住宅補助項目 <input type="radio"/> 其他: _____
<b>想了解何種福利內容:</b>					<b>想加入的美京華人活動中心項目</b>	
<input type="radio"/> Medicaid (白卡) <input type="radio"/> QMB, SLMB (灰卡) <input type="radio"/> 低收入戶藥品計畫補助 (LIS) <input type="radio"/> 糧食券 (SNAP) <input type="radio"/> 低收入戶能源補助 (EAP) <input type="radio"/> 住宅補助項目 (RAP, Section 8, Housing Choice Voucher) <input type="radio"/> 其他: _____					<input type="radio"/> 泛亞義務門診 <input type="radio"/> 歡樂日間保健中心 <input type="radio"/> 居家護理中心 <input type="radio"/> 常青社 <input type="radio"/> 其他:	
<b>聲明:</b>				<b>申請人簽名:</b>		<b>日期:</b>
此份諮詢表作為福利諮詢之用。訊息為本人據實陳述，如有不實，願自行承擔相關責任及後果。 本福利諮詢僅提供建議，美京華人活動中心不保證福利申請結果、亦不負擔相關法律責任，由申請人自行承擔。						
如有疑問，請電美京華人活動中心紓困諮詢專線301-663-0983或301-820-7200 分機 8315。 本諮詢表可傳真240-668-9828 或電郵至 <a href="mailto:gaap@ccacc-dc.org">gaap@ccacc-dc.org</a>						
以下由工作人員填寫:					諮詢日期:	