

# PCS Client Questionnaire

Head of Household Name: \_\_\_\_\_

Male/Female Are you 60 years old or older? \_\_\_\_\_

Are you or is anyone in your household disabled? Yes/No

Social Security # \_\_\_\_\_

Is anyone in the household a veteran? Yes/No

Date of Birth (DOB): \_\_\_\_\_ Race: \_\_\_\_\_ Education: \_\_\_\_\_ Insurance/Medicaid: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Head of Household monthly income \_\_\_\_\_ Place of Employment \_\_\_\_\_

Spouse Name M/F

Dependent Name M/F

Dependent Name M/F

Dependent Name M/F

SS # \_\_\_\_\_

SS # \_\_\_\_\_

SS # \_\_\_\_\_

SS # \_\_\_\_\_

DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

Income: \_\_\_\_\_

Income: \_\_\_\_\_

Income: \_\_\_\_\_

Income: \_\_\_\_\_

Race: \_\_\_\_\_

Race: \_\_\_\_\_

Race: \_\_\_\_\_

Race: \_\_\_\_\_

Education: \_\_\_\_\_

Education: \_\_\_\_\_

Education: \_\_\_\_\_

Education: \_\_\_\_\_

Insurance/Medicaid \_\_\_\_\_

Insurance/Medicaid \_\_\_\_\_

Insurance/Medicaid \_\_\_\_\_

Insurance/Medicaid \_\_\_\_\_

Dependent Name M/F

Dependent Name M/F

**Electric Vendor Name:** \_\_\_\_\_

SS # \_\_\_\_\_

SS # \_\_\_\_\_

Name on bill: \_\_\_\_\_ Acct # \_\_\_\_\_

DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

**Gas Vendor Name:** \_\_\_\_\_

Income: \_\_\_\_\_

Income: \_\_\_\_\_

Name on bill: \_\_\_\_\_ Acct # \_\_\_\_\_

Race: \_\_\_\_\_

Race: \_\_\_\_\_

Would you like to apply for Weatherization services? \_\_\_\_\_

Education: \_\_\_\_\_

Education: \_\_\_\_\_

Would you like assistance in possibly repairing/replacing your

Insurance/Medicaid \_\_\_\_\_

Insurance/Medicaid \_\_\_\_\_

refrigerator, water heater, heater, or air conditioner? \_\_\_\_\_

Do you: own / rent your home? (Circle)

Circle one: Mobile Home/House/Apartment

# of Bedrooms \_\_\_\_\_

## BE SURE TO COMPLETE THE BACK SIDE TO THIS FORM COMPLETELY

Please inform your caseworker if you have already been disconnected from either one of your utility services

Or if you have received a disconnect notice. **Failure to do so may hinder you from receiving assistance.**