



CADC CUSTOMER REGISTRATION

COMPLETION OF THIS FORM DOES NOT DETERMINE ELIGIBILITY FOR SERVICES

Name, Address and Contact Information

Customer Name: _____	SS#: _____	Date of Registration: _____
Household Street Address: _____	City: _____	Zip Code: _____
Mailing Address (if different) _____	County: _____	Home Phone: _____ Other Phone: _____

Household Information

Household Type:	<input type="checkbox"/> Single Parent F	<input type="checkbox"/> Single Parent M	<input type="checkbox"/> 2 Parents- Children	<input type="checkbox"/> Single Person	<input type="checkbox"/> Adults Only	<input type="checkbox"/> Other
Marital Status:	<input type="checkbox"/> Never Married	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	
Primary Language:	<input type="checkbox"/> Migrant Worker	<input type="checkbox"/> Farmer	<input type="checkbox"/> Seas. Farm Worker	<input type="checkbox"/> Homebound		
Number of People in the Household	<input type="text"/>					

Housing Information

Building Type:	<input type="checkbox"/> House	<input type="checkbox"/> Apartment	<input type="checkbox"/> Duplex	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Shelter	<input type="checkbox"/> Homeless		
Housing Type	<input type="checkbox"/> Own	<input type="checkbox"/> Buying	<input type="checkbox"/> Rent	Amount \$ <input type="text"/>	<input type="checkbox"/> Public Housing	<input type="checkbox"/> Subsidized	<input type="checkbox"/> Boarder	<input type="checkbox"/> Other
Primary Fuel :	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Propane	<input type="checkbox"/> Other: <i>Identify</i> <input type="text"/>				

Income Information

Number of Household Members Employed: <input type="text"/>	Please Identify: _____
Household Income Monthly <input type="text"/>	\$ _____

Income Sources (Please check all that apply)

<input type="checkbox"/> Salary/Wages	<input type="checkbox"/> TEA/TANF	<input type="checkbox"/> Social Security	<input type="checkbox"/> Housing
<input type="checkbox"/> Food Stamps	<input type="checkbox"/> SSI	<input type="checkbox"/> Retirement/Pension	<input type="checkbox"/> Veteran's Benefits
<input type="checkbox"/> Unemployment Compensation	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Alimony	<input type="checkbox"/> Other Income
<input type="checkbox"/> Worker's Compensation	<input type="checkbox"/> No Income	<input type="checkbox"/> Child Support	<input type="text"/>
<input type="checkbox"/> Medical Aid	<input type="checkbox"/> General Assistance	<input type="checkbox"/> Dividends/Interest	<input type="text"/>

PLEASE COMPLETE THE BACK OF THIS REGISTRATION FORM



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Household Members

Name of Household Member <i>(include self on first line)</i>	Relationship	Social Security No.	Date of Birth	Age	Race	Sex M/F	Educ. Level	Degree?	Disabled?	Veteran?	Health Insurance?	Total Income
1.												
2.												
3.												
4.												
5.												
6.												

Remarks:

I understand that completion of this registration form does not determine eligibility for services.
 I understand that disclosure of my Social Security number is voluntary and will be used only for identification purposes.
 I understand this information will be kept strictly confidential unless its release is authorized by me in writing.
 I understand that general statistical information compiled with other households will be used to create a report for funding sources.

Customer Signature Date of Completion

Registered By: _____

Location: _____ Program: _____ Date of Registration _____

THANK YOU FOR REGISTERING YOUR INFORMATION WITH CADC. THIS WILL HELP US SERVE YOU BETTER.



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Please return the application to the nearest CADC office:

Calhoun County

210 South Lee Street
Hampton, AR 71744
870-798-2457

Clark County

301 North 23rd Street
Arkadelphia, AR 71923
870-246-8089

Columbia County

1503 North Vine
Magnolia, AR 71754
870-234-6444

Dallas County

410 East 4th Street
Fordyce, AR 71742
870-352-8894

Hot Spring County

1735 E. Sullenberger
Malvern, AR 72104
501-337-8401

Lonoke County

117 SE Front Street
Lonoke, AR 72086
501-676-0019

Montgomery/Pike Counties

2614 Hwy 27 North
Kirby, AR 71950
870-398-4243

Ouachita County

313 Jefferson Street SW
Camden, AR 71701
870-836-3200

Pulaski County

5620 West 12th Street, Suite 9
Little Rock, AR 72204
501-603-0909

Saline County

309 East Street
Benton, AR 72015
501-315-0885

Union County

1426 NW Avenue
El Dorado, AR 71730
870-864-0067

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