



## **NAU PRE-ASSESSMENT FORM**

The NAU Pre-assessment form should be completed in its entirety with the necessary documents attached when scheduling an appointment. The guideline below provides helpful information and guidance for completing the pre-assessment form as well as the required documentation. An appointment cannot be scheduled until the form is completely filled out and all documents submitted. Your application will be reviewed by an assessment officer prior to the scheduling of your appointment.

As indicated in Section 255 of the Penal Code it is an offense to provide false or misleading information to a public officer. If it is discovered that false information was provided in order to access services through the NAU you may be barred from accessing further services. Please ensure that all and any information you provide is honest and accurate to the best of your knowledge.

### **A. PERSONAL INFORMATION** *(for all members of household)*

1. **IDENTIFICATION** – The following documents can be used as proof of identification:
  - i. Passports, Driver's License, Voter's ID card
  - ii. If an applicant does not have either of these documents then they may submit a recent photograph that has been notarized by a Justice of the Peace or a Notary Public
  
2. **PROOF OF CITIZENSHIP** – *Either of the following can be submitted as acceptable proof of citizenship:*
  - i. Voters Identification
  - ii. Caymanian Passport
    1. Passport alone is sufficient for persons born before March 27<sup>th</sup> 1977
    2. Persons born after March 27<sup>th</sup> 1977 should also submit a copy of their birth certificate as well as proof of parents' citizenship.
  - iii. Copies of Caymanian Status / Status Stamp in passport
  - iv. Birth certificate:
    1. Birth certificate should reflect parents' birth place and proof of parents' citizenship should also be submitted.
    2. As per immigration law the child takes on the nationality of the mother unless the parents are married at the time of child's birth.
  - v. Immigration Letter of Acknowledgement of Citizenship
  - vi. Residency Rights as a Spouse of a Caymanian Certificate along with a copy of the marriage certificate
  
3. **RESIDENT** – It is a requirement for all applicants to have been resident on the island for a total combined period of 8 months within the last 12 month period in order to be eligible for assistance. Clients may be asked to provide proof of same if deemed necessary by the assessing officer.
  
4. **FAMILY / HOUSING / PERSONAL HISTORY**
  - i. This section is to list all members of the household. This would include everyone residing in the same home that contribute to bills, share the living space, and share daily meals together. You should indicate if any adults of working age (between the ages of 18 and 60) suffer from any disabilities that cause them to be unable to work.
  - ii. Any adult of working age that has a medical condition that does not allow them to work will be required to provide medical proof of this.

**B. HOUSEHOLD FINANCIAL INFORMATION** *(for all members of household)*

1. **PROOF OF INCOME:** *Applicants with a combined household income of CI\$3,000.00 or more do not qualify for services through the needs assessment unit unless they are exempt meaning that there is disabled dependent in the household and it is demonstrated that the expenses associated with their particular needs directly contribute towards the household deficit.*
  - i. Salary/wages – all members of your household should provide proof of any form of income received. This would be most recent pay-slips covering at least a 4 week period. Job letters are acceptable but must indicate earnings within the last 4 week period
  - ii. Rental Income – Copy of the signed lease agreement with tenant as well as copy of tenant’s identification.
  - iii. Maintenance – copy of court order or a signed letter from the person providing the maintenance funds with a copy of their identification.
  - iv. Other income includes pension, social security, veterans or seamen’s and documentation should be submitted to support each.
  - v. Persons who are self-employed should provide proof of income earned from their business.
  - vi. Savings – Clients should disclose any savings or cash they have available to them. Applicants applying for temporary assistance are allowed to have up to a maximum of \$3,000.00 in cash or savings per household in order to qualify for services. Persons applying for PFA or Poor Relief Payments are allowed to have a maximum of \$8,000.00 in cash or savings per household. Clients are required to submit bank statements showing activity in the last 6 to 12 months, NAU may conduct bank checks if deemed necessary.
2. **PROOF OF EXPENSES** *(most recent bills for the current month)*
  - i. Copies of all official bills / invoices for the current month should be provided for all monthly expenses. Example: Utility bills, post-paid phone bill, credit card statement, preschool invoice
  - ii. Mortgage – copy of bank statement / mortgage profile from bank
  - iii. Rent – copy of lease agreement, if residing with others then a signed letter of contribution indicating you reside there and what your contribution is, if any, should be submitted along with a copy of that person’s identification.
  - iv. Receipts are only acceptable for money transfers but not acceptable for any other monthly expense.
  - v. It is not necessary to submit bills for transportation (gas, bus fare, etc.), propane, laundry, pre-paid telephone (top-up)
  - vi. Letter of employment along with copy of identification for caretakers/helpers/nannies.
  - vii. Maintenance – Copy of court order or signed letter with identification of person receiving maintenance.

**C. OTHER DOCUMENTATION** - *The following are other documentation and information that clients are expected to provide.*

1. **N.W.D.A. REGISTRATION** – All unemployed members of your household that are between the ages of 18 and 60 are to provide proof of registration with the National Workforce Development Agency, unless they suffer from a medical condition that does not allow them to work.
2. **MEDICAL DISABILITY** – you should indicate if you suffer from a medical condition. A doctor’s note should be submitted if you have one, if not you will be provided with a medical report to be completed at the Health Services Authority.
3. **BANK STATEMENTS** – Current account statements for all bank accounts in the name of the applicant. This should show activity on the account for the past 6 to 12 months.

**Note: Failure to present relevant documentation and or falsification of such documentation can result in denial of services.**

**Note: Pursuant to section 255 of the Penal Code-“A person who dishonestly, with a view in gain for himself or another or with intent to cause loss to another – destroys, defaces, conceals or falsifies any account or any records or document made or required for any account purpose; or (b) In furnishing information for any purposes, produces or makes use of account, or any such record or document as aforesaid, which to his/her knowledge is or may be misleading, false or deceptive in a material particular, commits an offense and is liable to imprisonment for seven years.”**

INITIALS:



**NEEDS ASSESSMENT UNIT**  
**PRE-ASSESSMENT FORM**

**Please note: All pertinent documents, for all members of the household, are required before an assessment can be conducted. If married your spouse should accompany you for the assessment. Once the assessment is completed it can take up to ten working days before a response is provided.**

<b>FAS#:</b>	
<b>DATE</b>	
<b>NAME</b>	
<b>DATE OF BIRTH</b>	
<b>CITIZENSHIP (circle one)</b>	<b>CAYMANIAN / STATUS HOLDER / SPOUSE OF CAYMANIAN / OTHER</b>
<b>ADDRESS</b>	
<b>PHONE</b>	
<b>PO BOX</b>	
<b>EMPLOYER (If employed)</b>	
<b>MARITAL STATUS (circle one)</b>	<b>SINGLE / MARRIED / DIVORCED / COMMON-LAW / WIDOWED/ SEPERATED</b>
<b>NAME/DOB OF SPOUSE</b>	
<b>SPOUSE TELEPHONE</b>	
<b>SERVICES REQUESTED</b>	

<b>DOCUMENT SUBMITTED</b>	<b>Identification (See A1)</b>	<b>ID NUMBER</b>	<b>OFFICIAL USE ONLY</b>
✓	Passport		
	Driver's License		
	Voter's Card or a Notarized Photo		
<b>✓</b>	<b>Proof of Citizenship / Residency (See A2)</b>	<b>DATE</b>	
	Birth Certificate		
	CI Status Certificate/Status Stamp in Passport		
	Regular Resident of Cayman (See A3)	<b>YES / NO</b>	

<b>FAMILY/HOUSING/PERSONAL HISTORY (See A3)</b>		
<b>NAMES ALL DEPENDENTS IN THE HOME</b> (disabled dependents or children under 18)	<b>DATE OF BIRTH</b>	<b>SCHOOL ATTENDING</b>

<b>NAMES OF ADULTS IN THE HOME</b>	<b>DATE OF BIRTH</b>	<b>EMPLOYMENT / DISABILITY</b>

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✓	Monthly Income (See B1)	\$ AMOUNT	
	JOB LETTER/CONTRACT		
	PAYSLIP (salary covering past 4 weeks)		
	RENTAL INCOME (Lease/contract/Receipt)		
	PENSION		
	POOR RELIEF PAYMENTS		
	SOCIAL SECURITY		
	SEAMAN'S BENEFITS		
	CHILD SUPPORT/MAINTENANCE		
	DONATIONS (from friends, family, church, etc)		
	OTHER INCOME		<b>TOTAL:</b>
	<b>AMOUNT OF TOTAL SAVINGS / AVAILABLE CASH:</b>		
✓	EXPENSES (See B2)	\$ AMOUNT	
	MORTGAGE/RENT (lease, contract, letter)		
	ELECTRICITY		
	WATER		
	TV/CABLE		
	HELPER / CAREGIVER / NANNY		
	CREDIT CARD PAYMENTS		
	CHILD SUPPORT / MAINTENANCE		
	PERSONAL LOAN		
	CAR LOAN		
	MEDICAL LOAN/BILLS		
	TELEPHONE BILL		
	PRESCHOOL		
	AFTERSCHOOL		
	LIFE INSURANCE		
	HOUSE INSURANCE		
	PROPANE		
	LAUNDRY		
	TRANSPORTATION		
	GROCERIES (indicate number of persons)	<u>AMOUNT</u>   <u>PEOPLE</u> 	
	SCHOOL LUNCHES		
	MEDICATION		
	CAR INSURANCE		
	CAR REGISTRATION/LICENSING		
	OTHER EXPENSES:		
			<b>TOTAL:</b>

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✓	OTHER DOCUMENTS		
	<b>Bank Statements</b> (Current bank statements for all different types of accounts in client's name)		
	<b>Medical Disability</b> (See C2)	<b>YES / NO</b>	
	<b>Birth Certificate of dependents</b> (children under 18 and dependent adults)		
	<b>Marriage Certificate/Divorce Decree</b>		
	<b>National Workforce Development Agency Registration</b> (See C1)		
	<b>Preferred Supermarket</b> (if requesting food assistance)		

Does anyone in the household suffer from any illness or disability? If yes, please state illness/disability and person	
Have you received services from the NAU in the past?	
Do you have Insurance coverage? If yes, indicate insurance provider:	
Names and numbers of persons providing child support/maintenance	
I understand and agree that, in addition to receiving financial assistance through the NAU, I will participate in all requirements including attending workshops and actively participating in various programs, such as the courses at the National Workforce Development Agency, as indicated by the assessment officer.	<b>YES / NO</b>
I understand and agree that, in addition to receiving financial assistance through the NAU, I will participate in random drug screening if requested by the NAU.	<b>YES / NO</b>

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**By signing this document I confirm that, to the best of my knowledge, all of the information I have provided is factual. I understand that providing false and misleading information, as per Section 255 of the Penal Code, is a criminal offense and that doing so can result in being banned from services for up to one year (as per the Needs Assessment Unit's policy).**

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**Client's Signature** **Date**

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