

Intake Date ____/____/____ MM DD YYYY	Staff Completing Intake _____
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Address / Demographics

First Name _____ **MI** _____ **Last Name** _____ **Suffix** _____

Mailing Address	_____ _____ _____ CITY STATE ZIP CODE _____ COUNTY	Physical Address	_____ _____ _____ CITY STATE ZIP CODE _____ COUNTY
Phone	Home- (____) ____ - ____ Cell- (____) ____ - ____ Work- (____) ____ - ____ X	Message	Phone- (____) ____ - ____ E-mail- _____ <input type="checkbox"/> Block from Search
SS#	_____ - _____ - _____ <input type="checkbox"/> Partial SSN Reported <input type="checkbox"/> Confidential <input type="checkbox"/> Unavailable <input type="checkbox"/> Refused <input type="checkbox"/> Unknown	Date of Birth	____/____/____ MM DD YYYY <input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Partial DOB Reported <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Transgender Female to Male	Ethnicity	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino
Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Bi-racial or Multi-racial <input type="checkbox"/> Black or African-American <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unspecified	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Primary Language	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican	Secondary Language	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican
Tribe	<input type="checkbox"/> None <input type="checkbox"/> Blackfoot <input type="checkbox"/> Cherokee <input type="checkbox"/> Choctaw <input type="checkbox"/> Pawnee <input type="checkbox"/> Pima	Education Level	<input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College/Certificate/Trade <input type="checkbox"/> 2-4 Year College Graduate <input type="checkbox"/> Post Graduate Degree <input type="checkbox"/> Unknown

Family Type	<input type="checkbox"/> Grandparent(s) (raising grandchildren) <input type="checkbox"/> Multiple Adults (living with children) <input type="checkbox"/> Multiple Adults (no children) <input type="checkbox"/> Single parent – female (living with children) <input type="checkbox"/> Single parent – male (living with children) <input type="checkbox"/> Single person (living alone) <input type="checkbox"/> Single person (living with partner) <input type="checkbox"/> Single person (living with others) <input type="checkbox"/> Two parent household (living with children)	Living Arrangement	<input type="checkbox"/> Homeless <input type="checkbox"/> Incarcerated <input type="checkbox"/> Living with Friends or Family <input type="checkbox"/> Own <input type="checkbox"/> Rent- Subsidized (HUD, Section 8, etc.) <input type="checkbox"/> Rent- Unsubsidized <input type="checkbox"/> Transitional / Shelter <input type="checkbox"/> Unknown
Charact. (check all that apply)	<input type="checkbox"/> Applicant <input type="checkbox"/> Disabled <input type="checkbox"/> Veteran <input type="checkbox"/> No Health Insurance <input type="checkbox"/> High Energy User <input type="checkbox"/> Migrant/Seasonal Worker <input type="checkbox"/> No Heat Emergency <input type="checkbox"/> Referred by DHHR <input type="checkbox"/> Dwelling Type Override <input type="checkbox"/> HS/EHS – Parent of Child <input type="checkbox"/> HS/EHS – Foster Parent of Child	<input type="checkbox"/> HS/EHS – Dual Custody Agreement <input type="checkbox"/> HS/EHS – Guardian of Child <input type="checkbox"/> Deceased <input type="checkbox"/> HS- Board of Ed. 4 yr. old <input type="checkbox"/> Hurricane Katrina Evacuee <input type="checkbox"/> Vision Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Debarred <input type="checkbox"/> Employee, Relative or Board Member <input type="checkbox"/> HS/EHS- Over Income Exception	

Income

Monthly Income Sources for Household Member	No Financial Resources <input type="checkbox"/>		Pension/Retirement \$ _____ .00
	Alimony \$ _____ .00	Black Lung \$ _____ .00	Public Assistance \$ _____ .00
	Child Support \$ _____ .00	Educational Assistance \$ _____ .00	Rental Income \$ _____ .00
	Employment Earnings \$ _____ .00	Estates/Trusts \$ _____ .00	Royalties \$ _____ .00
	Interest/Dividends \$ _____ .00	Miscellaneous \$ _____ .00	Social Security \$ _____ .00
	Outside Assistance \$ _____ .00	State Assistance (IS Gen. Assistance) \$ _____ .00	SSI \$ _____ .00
	_____ \$ _____ .00	Non-Cash Benefit \$ _____ .00	TANF \$ _____ .00
	_____ \$ _____ .00	Non-Cash Benefit \$ _____ .00	Unemployment \$ _____ .00
			Veteran's Benefits \$ _____ .00
			Worker's Compensation \$ _____ .00
		Total Monthly Income \$ _____ .00	

Employment

Employment Status	Is this person employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If so what is her/his status? <input type="checkbox"/> Full-time w/ benefits <input type="checkbox"/> Full-time, no benefits <input type="checkbox"/> Left employment <input type="checkbox"/> Part-time <input type="checkbox"/> Stipend <input type="checkbox"/> Temporary <input type="checkbox"/> Termination/Layoff	Current Employer Name: _____ Employed Since: ____/____/____ MM DD YYYY Current Employer Name: _____ Employed Since: ____/____/____ MM DD YYYY
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