



# INTAKE APPLICATION 2022

Head of Household Information

<b>First Name:</b>	<b>Middle Initial:</b>	<b>Last Name:</b>	
<b>Relationship to Head of Household:</b>	<b>Date of Birth:</b>	<b>Social Security #:</b>	<b>Gender:</b> Male    Female
<b>Address:</b>	<b>City:</b>	<b>Zip Code:</b>	<b>Phone:</b>

Email Address:

## Head of Household Personal Information

<b>Education</b>	0-8 <sup>th</sup> grade	9-12 <sup>th</sup> grade	HS Graduate	GED	12+ secondary	2-4 college grad	
<b>Disabled</b>	Yes    No		<b>Hispanic</b>			Yes	No
<b>Race</b>	Black/African American	White	Asian	Hawaiian/Pc Isl.	Native American	Bi-racial Multi-racial	Other
<b>Work Status</b>	Employed FT	Employed PT	Migrant	Retired	Unemployed 6 months or longer	Unemployed	Student
<b>Not working AND Not in school:</b> YES/NO    Reason:							
<b>Health Insurance</b>	NONE		Direct Purchase	Military	Medicare		
Medicaid	State Children CHIP		State-Adult	Employment Based			
<b>Marital Status</b>	Single	Married	Divorced	Separated	Widowed	Domestic Partner	

<b>Veteran</b>	Yes	No	<b>Eligible Veteran Spouse</b>				YES	NO
<b>Veteran</b>	Service start date		Service End Date	Service Connected Disability	Yes	No	% Disabled	

## Household and Residence Information

<b>Family Type</b>	Extended Family		Multigenerational	Other	Single Parent Female		
Single Parent Male	Single Person		2 adults no Children	2 Parent Household			
<b>Housing</b>	Own	Rent	Temporary Quarters	Homeless	If Owned Year House was Built		
<b>Residence Type</b>	Apt Rented			Mobile Home Rented	Single Family Home Rented		
Mobile Home Owned	Single Family Home Owned		Temporary Quarters	Homeless			

## Household Needs

Employment Assistance	Housing	Medical-Insurance
Employment Resume	Utility Assistance	Medical-Pregnancy
Family	Weatherization	Training -ESL
Food Stamps –WIC	Legal Referral	Training-GED
Food-Emergency Food	Medical Prescriptions	Training-Voc. Ed

Complete all Sections

Complete all Sections Attach Documentation

Spouse or Other Household Member

**Household Income**

Type of Income	Person Receiving Income	Amount Per Month
Employment		
Employment		
Social Security		
Social Security		
Social Security Disability		
Social Security Disability		
Food Stamps		
Child Support/TANF		
VA Disability		
Pension		
Unemployment Compensation		

**Describe Emergency Situation**

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**Spouse or Other Household Member**

First Name:	Middle Initial:	Last Name:	
Relationship to Head of Household:	Date of Birth:	Social Security #:	Gender: Male      Female

**Spouse or Other Household Member Personal Information**

<b>Education</b>	0-8 <sup>th</sup> grade	9-12 <sup>th</sup> grade	HS Graduate	GED	12+ secondary	2-4 college grad
<b>Disabled</b>	Yes      No		<b>Hispanic</b>			Yes      No
<b>Race</b>	Black/African American	White	Asian	Hawaiian/Pc Isl.	Native American	Bi-racial Multi-racial      Other
<b>Work Status</b>	Employed FT	Employed PT	Migrant	Retired	Unemployed 6 months or longer	Unemployed      Student
<b>Not working. Not a student. YES/NO Reason:</b>						
<b>Health Insurance</b>	NONE		Direct Purchase	Military	Medicare	
<b>Medicaid</b>	State Children CHIP		State-Adult	Employment Based		
<b>Marital Status</b>	Single	Married	Divorced	Separated	Widowed	Domestic Partner
<b>Veteran</b>	Yes	No	<b>Eligible Veteran Spouse</b>			YES      NO
<b>Veteran</b>	Service start date		Service End Date	Service Connected Disability	Yes      No	% Disabled

**Certification Statement**

I certify that the above information is true and accurate. I also understand that during verification should any part be false, participation may be terminated. I also understand that that the information contained will be held in confidence and be used to determine eligibility and program planning. I understand that this information will be shared with Federal, State and local agencies as necessary.

Applicant Name

Client Name

Date

Staff Signature

Date

Child or Other Household Member			
First Name:		Middle Initial:	Last Name:
Relationship to Head of Household:		Date of Birth:	Social Security #: <span style="float: right;">Gender: Male    Female</span>

Education	0-8 <sup>th</sup> grade	9-12 <sup>th</sup> grade	HS Graduate	GED	12+ secondary	2-4 college grad	
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