Date

Head of Household Intake

Name

Address

City State Zip Code

E-mail address

SSN

DOB

Phone Number

County of Residence

1. Household Type

- ☐ Single Parent Female
- ☐ Single Parent Male
- ☐ Two parent household
- ☐ Single Person
- ☐ Two Adult no children
- ☐ Non-related Adults with children
- ☐ Multi-generational Household

2. Household Size _____

3. Housing Status

- ☐ Own
- ☐ Homeless
- ☐ Rent
- ☐ Other Permanent Housing

4. Family/Household Member Information (include all household members)
(GROSS Income = before taxes)

Name	SSN	DOB	Relationship to HH	Monthly GROSS Income
John Doe	*123-45-6789*	*01/01/01*	*Spouse*	*$500.00*

5. Gender

☐ Male ☐ Female ☐ Other

6. Disabling Condition

☐ No ☐ Yes

7. Veteran Status

☐ No ☐ Veteran ☐ Active Military

8. Education (what is the highest-grade level completed?)

☐ 0-8th grade
☐ 9-12 Non-graduate
☐ High School Graduate
☐ GED/Equivalency Diploma
☐ 12th grade + some post-secondary
☐ 2- or 4-year college graduate
☐ Graduate of other post-secondary
☐ No Schooling completed

9. Marital Status

☐ Single
☐ Married
☐ Widowed
☐ Divorced
☐ Living Together
☐ Never Married/Annulled
☐ Separated

10. Ethnicity

☐ Non-Hispanic/Non-Latino ☐ Hispanic/Latino

11. Medical Insurance

☐ No ☐ Yes

12. Primary Language

☐ English
☐ Spanish
☐ Chinese
☐ French
☐ German
☐ Pashtu
☐ Bosnian
☐ Ukrainian
☐ Russian

13. Race (choose as many as apply)

☐ White
☐ Black, African American, or African
☐ Native Hawaiian or Pacific Islander
☐ Asian or Asian American
☐ American Indian, Alaska Native, or Indigenous
☐ Not Specified

14. Residency Status

☐ Citizen ☐ Permanent Resident ☐ Temporary Resident

15. Is Child support referral needed? (required)

☐ No ☐ Yes ☐ N/A

16. Employment Status

☐ Employed Full time
☐ Employed Part time
☐ Migrant Seasonal Farm Worker
☐ Unemployed (not in labor force)
☐ Unemployed (short term, 6 months or less)
☐ Retired
☐ Unemployed (long term, 6 months+)

17. Previous Month's GROSS (before taxes) Household Income: $_____*(include income for everyone age 18+)*

18. Income source and Amount per month (include income for <u>all</u> household members)

- ☐ No Income *(must have low-income form)*
- ☐ Earned/Employment $_____
- ☐ TANF $ _____
- ☐ SSI $ _____
- ☐ SSDI $ _____
- ☐ Pension $ _____
- ☐ Child Support $ _____
- ☐ Other _____
- ☐ Private Disability Insurance $ _____
- ☐ Worker's Compensation $ _____
- ☐ Social Security Retirement $ _____
- ☐ VA Non-Service-Connected Disability Pension $ _____
- ☐ VA Service-Connected Disability Pension $ _____
- ☐ Unemployment Insurance $ _____
- ☐ Alimony/Spousal Support $ _____

19. Non-Cash Benefits

- ☐ None
- ☐ SNAP $_____
- ☐ Other TANF funded Svcs
- ☐ Childcare Voucher
- ☐ Client doesn't know
- ☐ TANF Childcare
- ☐ Housing Choice Voucher
- ☐ Affordable Care Act Subsidy
- ☐ Client Refused
- ☐ WIC
- ☐ HUD-VASH
- ☐ Section 8/Rental Assistance
- ☐ Data not collected
- ☐ TANF Transportation
- ☐ Permanent Supportive Housing

20. Health Insurance

- ☐ None
- ☐ Medicaid $_____
- ☐ Medicare $_____
- ☐ Employer Provided Health Ins
- ☐ Client doesn't know
- ☐ COBRA Health Ins
- ☐ State Adult Health Ins
- ☐ State Children's Health Ins
- ☐ Client Refused
- ☐ Military Health Care
- ☐ Private Health Ins
- ☐ Indian Health Svcs Program
- ☐ Data not collected
- ☐ Direct Purchase
- ☐ Veteran's Health Admin (VHA)