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Community Action Partnership Northeast Missouri
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Household Member Intake

Date _____

(Must complete one on each person listed on the Head of Household Intake)

Name _____ **DOB** _____ **SSN** _____

1. What is the relationship to the head of household?

- ☐ Husband/Wife
- ☐ Father/Mother
- ☐ Son/Daughter
- ☐ Brother/Sister
- ☐ Foster Child
- ☐ Stepchild
- ☐ Uncle/Aunt
- ☐ Nephew/Niece
- ☐ Cousin
- ☐ Grandchild
- ☐ Grandparent
- ☐ Stepparent
- ☐ Other Related

2. Gender

- ☐ Male
- ☐ Female
- ☐ Other

3. Disabling Condition

- ☐ No
- ☐ Yes

4. Veteran Status

- ☐ No
- ☐ Veteran
- ☐ Active Military

5. 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

6. Marital Status

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

7. Ethnicity

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

8. Medical Insurance

- ☐ No
- ☐ Yes

9. Primary Language

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

10. 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)

11. Residency Status

- ☐ Citizen
- ☐ Permanent Resident
- ☐ Temporary Resident

12. Is Child support referral needed? (required)

- ☐ No
- ☐ Yes
- ☐ N/A

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. 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 $ _____

15. 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

16. 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)