

INTAKE FORM

First Name _____ **M.I.** _____ **Last Name** _____ **Suffix** _____

Date of Birth ____/____/____ **Gender** Male Female Transgender Unknown

Primary Race American Indian or Alaska Native Asian Black or African-American Native Hawaiian/Pacific Islander White Other Multi-Racial Other

Secondary Race American Indian or Alaska Native Asian Black or African-American Native Hawaiian/Pacific Islander White Other Multi-Racial Other

Ethnicity Non-Hispanic/Latino Hispanic/Latino Don't Know **City of Birth** _____ **State** _____

Marital Status Cohabited Divorced Married Separated Single-Never Married Widowed

Current Living Situation

Current Living Situation Don't Know Emergency shelter, including voucher Foster care home
 or foster care group home Hospital (non-psychiatric) Hotel or motel
 paid for without voucher Jail, prison or juvenile detention facility Other
 Owned by client, no housing subsidy Owned by client, with housing subsidy
 Permanent housing for formerly homeless Place not meant for habitation
 Psychiatric hospital or other psychiatric facility Refused
 Rental by client, no housing subsidy Rental by client, with other housing subsidy
 Rental by client, with VASH housing subsidy Safe Haven
 Staying or living with a family member Staying or living with a friend
 Substance abuse treatment facility/detox center Transitional housing for homeless persons

Length of Stay One week or less More than one week, less than one month One to three months
 More than three months, less than one year One year or longer

Zip Code _____ **U.S. Veteran?** Yes No Don't Know Refused

Disabling Condition of Long Duration? Yes No Don't Know Refused

Phone Number _____ **Email Address** _____

Address _____

What information would client like more of?

Special Concerns:

Additional Client Needs:

Income

Total Annual Income _____

Income Received from any source in the past 30 days? Yes No Don't Know Refused

Sources and Amounts of Income		Non-Cash Benefits (Mainstream Resources Received)	
A Veteran's Disability Payment	\$_____ .00	Supplemental Nutrition Assistance Program (Food Stamps)	<input type="checkbox"/>
Alimony or Other Spousal Support	\$_____ .00	MEDICAID (AHCCCS)	<input type="checkbox"/>
Child Support	\$_____ .00	MEDICARE	<input type="checkbox"/>
Earned Income	\$_____ .00	SCHIP	<input type="checkbox"/>
Food Stamps	\$_____ .00	Special Supplemental Nutrition Program for WIC	<input type="checkbox"/>
General Assistance	\$_____ .00	Veteran's Administration (VA) Medical Services	<input type="checkbox"/>
Other	\$_____ .00	TANF Child Care Services	<input type="checkbox"/>
Pension From a Former Job	\$_____ .00	TANF Transportation Services	<input type="checkbox"/>
Private Disability Insurance	\$_____ .00	Other TANF-Funded Services	<input type="checkbox"/>
Retirement Income From Social Security	\$_____ .00	Section 8, Public Housing or rental assistance	<input type="checkbox"/>
Self Employment Wages	\$_____ .00	Other Source	<input type="checkbox"/>
SSDI	\$_____ .00		
SSI	\$_____ .00		
TANF	\$_____ .00		
Unemployment Insurance	\$_____ .00		
Veteran's Pension	\$_____ .00		
Worker's Compensation	\$_____ .00		

Non-confidential Notes:

Public Assistance

Eligible Employ Resources Yes No **Application for Public Assistance** Yes No

Type of Assistance Food Stamps TANF General Public Assistance SSDI SSI

Application Status Already Receiving Assistance Application Approved Application Denied Application In Process
 Application Resubmitted Application Submitted Sanctioned

Resources Received Case Management Housing/Rent Assistance Income Support Job Training Program
 Mental Health Service Primary Health Care Subsidized Health Care Substance Abuse
Treatment Transportation Veterans Services Welfare to Work WIA

Education

Highest Level of Education No Schooling Completed Nursery School to 4th Grade 5th or 6th Grade
 7th or 8th Grade 9th Grade 10th Grade 11th Grade
 12th Grade, No Diploma High School Diploma GED Post-Secondary School

Received Vocational Training Yes No Don't Know Refused

Employment

Employed Yes No

If Unemployed, Looking for Work Yes No

Reasons for Unemployment:

If Employed, select tenure Permanent Temporary Seasonal Refused **Hours Worked Last Week** _____

Transportation Handicapped Transportation Bicycle Family/Friends Walks Owns Car Taxi Uses Bus

Insurance

Medical Insurance Other Blue Cross None Veteran's Administration Medicaid Medicare

Do you have Private Insurance? Yes No **If yes, what type of Insurance?** _____

Immigration Status

Immigration Status Asylee Undocumented Permanent Resident Pending Naturalized Refugee Section 212
 Refugee Section 207

Registered to Vote Yes No

U.S. Citizen Yes No

Household Information

In Household _____ Adults in Household _____ Children in Household _____ Dependents of this Client _____

Children Ages

Child #1 Age _____ Child #2 Age _____ Child #3 Age _____ Child #4 Age _____ Child #5 Age _____