

Intake Form

(Household Member)



Date of Intake

Case Manager

Head of Household full name

Additional Household Member

First Name

Middle Name

Last Name

Last 4 of Social Security Number

DOB

Gender

Relationship to Head of Household:

Percentage of time in Household:

Marital Status:

- Married
- Single
- Sep.
- Div.
- Common Law
- Widowed
- UnK

Ethnicity:

- Hispanic
- Non-Hispanic / Not Latino

Race:

(can list more than one)

Languages:

(can list more than one)

Health Ins:

- No Health Insurance
- Ins-Direct Purch (exchange, etc)
- Ins-Employment Based
- Ins-Medicare
- Ins-Military Health Care
- Ins-State Children's Medicaid
- Ins-State Health Ins Adult's Medicaid

Highest Education/Current School:

Disability:

- Disabled
- Not Disabled

Employment Status:

- | | |
|--|--|
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Empl-Full Time | <input type="checkbox"/> Self-employed |
| <input type="checkbox"/> Empl-Part Time | <input type="checkbox"/> Unempl (< 6 months) |
| <input type="checkbox"/> Homemaker | <input type="checkbox"/> Unempl (> 6 months) |
| <input type="checkbox"/> In School | <input type="checkbox"/> Unempl-Not Seeking Wk |
| <input type="checkbox"/> Migrant Seas. Farm Wk | <input type="checkbox"/> Unempl-Seeking Wk |
| <input type="checkbox"/> Not in Labor Force | <input type="checkbox"/> Student |

Veteran Status:

- Active Duty
- Not Veteran
- Veteran
- Not Asked
- Refused

Additional Information:
