

Date of Intake

Case Manager

Household Name and ID#



Tri-Lakes Cares Intake and Assessment

Additional Household Members:

First Name	Middle Name	Last Name
Last 4 of SSN XXX-XX-	Date of Birth (MM/DD/YYYY)	Gender
Race	Ethnicity	Is this person disabled?
Health Insurance	Language(s)	Highest Education
Marital Status Divorced Married Single Partnership Separated Widowed	Employment Status Employed Part-Time Employed Full-Time Not in Labor Force Unemployed School/Job Training Self-Employed Other	Veteran Status Active Duty Veteran Not Veteran Retired Declined to Answer
Phone #	Email	Relationship to Primary
Income (Employer, Amount, Frequency)		
Additional Income (Child Support, SNAP, etc.)		