

INTAKE FORM

Date: _____

Name: _____ Birth Date: _____ Gender: _____ M / F SS#: _____

Name: _____ Birth Date: _____ Gender: _____ M / F SS#: _____

Address: _____
Street City State Zip

E-Mail: _____ Phone/Home: _____

Total Gross Household Income: _____ Cell: _____
(Yearly / Monthly / Hourly)

Number in Household: _____ Work: _____

Current Housing:

- Rent
- Own Home
- Live w/Family
- Other

Marital Status:

- Married
- Single
- Divorced
- Legally Separated
- Widowed

Education:

- College
- High School/ GED
- Primary
- Vocational

Referred by: _____

Ethnicity (check one):

- Hispanic
 - Mexican
 - Puerto Rican
 - Other
- Non-Hispanic

Race (check one):

- American Indian/Alaskan Native
- American Indian/Alaskan Native & White
- American Indian/Alaskan Native & Black/African American
- Asian
- Asian/White
- Asian/Pacific Islander
- Black /African American
- Black/African American & White
- Native Hawaiian/Other Pacific Islander
- White
- Other/Multi-Racial/Unknown
- I choose not to respond

Check all that apply:

- Veteran
- Single Head of Household
- Disabled
- Disabled Dependent(s)
- Foreign Born
- First Generation Homebuyer
- Housing Choice Voucher

English Proficiency:

- I choose not to respond
- I am English proficient
- I am not English proficient

Active Military (check one):

- Yes
- No
- Not Available

OFFICE USE ONLY

Program: _____

Outcome: _____