



Today's Date

COMMUNITY ACTION PARTNERSHIP REGIONS I & VIII

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CLIENT INTAKE FORM

TYPE OF ASSISTANCE REQUESTED _____ **INTERVIEWED BY** _____

PERSONAL INFORMATION FOR HEAD OF HOUSEHOLD (List additional household members on next sheet)

| Social Security # | First Name | MI | Last Name | Birth Date (mm/dd/yyyy) | Age(CSBG) | Gender (CSBG) | Disabled(CSBG) | | |
|--|---|--|---|---|---|---|---|------------------------|----------------|
| | | | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Race (CSBG) | | Ethnicity (CSBG) | | Education (CSBG) | | Fuel Assistance | SNAP | Health Coverage (CSBG) | Veteran (CSBG) |
| <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black | <input type="checkbox"/> Multi <input type="checkbox"/> Native Am. <input type="checkbox"/> Other | <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino | <input type="checkbox"/> 0 to 8th Grade <input type="checkbox"/> 9th - 12th Grade (non-grad) <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Grade <input type="checkbox"/> College Degree | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ | <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other <input type="checkbox"/> None | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

INCOME INFORMATION FOR ALL HOUSEHOLD MEMBERS (CSBG)

| Name | Pay Per Hour | Hours Per Week | Pay Per Month | Total | Income Source |
|------|--------------|----------------|---------------|-------|---------------|
| | \$ | | \$ | \$ | |
| | \$ | | \$ | \$ | |
| | \$ | | \$ | \$ | |
| | \$ | | \$ | \$ | |

HOUSING INFORMATION

| Address | Apt/Lot# | City | County | Zip Code | Telephone # |
|---|--|--|--|---|---|
| | | | | | Home/Message: Work |
| Household Type (CSBG) | | Marital Status (CSBG) | Housing Status (CSBG) | Housing Type | Rent/House Payment |
| <input type="checkbox"/> Female Single Parent <input type="checkbox"/> Male Single Parent <input type="checkbox"/> Two Parent | <input type="checkbox"/> Couple <input type="checkbox"/> Single <input type="checkbox"/> Other _____ | <input type="checkbox"/> Single <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Married | <input type="checkbox"/> Owner <input type="checkbox"/> Renter <input type="checkbox"/> Homeless with roof <input type="checkbox"/> Homeless w/out roof <input type="checkbox"/> other <input type="checkbox"/> unknown | <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Mobile Home | \$ _____ Rental Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No |

List all Members of the Household except the Head of Household. (Primary Person listed on the front of this form)

| Name (Please Print) | Social Security # | Birth Date | Age | Relation | Gender | Disabled | Race | Hispanic/Latino | Education | Food Stamps | Health Coverage | Veteran |
|---------------------|-------------------|------------|-----|----------|--------|---|------|---|-----------|---|-----------------|---|
| 2. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

STAFF NOTES:

EMAIL: _____

Client Certification

The information provided by me to establish my eligibility is true and accurate to the best of my knowledge.

_____ I consent to the independent verification of the information by the authorized agent of the agency or its government funding source.

_____ I consent to the review of my files by the authorized agent of the agency or its governing funding source.

Client Signature

Date