



Today's Date

COMMUNITY ACTION PARTNERSHIP REGIONS I & VIII

120 WASHINGTON, WILLISTON ND 58801 PH: (701) 572-8191 FAX: (701) 572-8192 TTY: (800)366-6888
 202 EAST VILLARD, DICKINSON, ND 58601 PH: (701) 227-0131 FAX: (701) 227-4750



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