

OPPORTUNITIES CONSUMER INTAKE FORM

Application # _____

Consumer Name: _____ SS#: _____

HOUSEHOLD INFORMATION County: _____

Address: _____ Phone: _____
(Mailing Address)
 _____ Cell #: _____
(City, State, Zip)
 _____ E-Mail: _____
(911 Address - If Different)

SOURCE OF INCOME	
No Income <input type="checkbox"/>	Worker's Comp <input type="checkbox"/>
Employment <input type="checkbox"/>	Private Disability Insurance <input type="checkbox"/>
TANF <input type="checkbox"/>	Pension <input type="checkbox"/>
PA <input type="checkbox"/>	Int/Divid <input type="checkbox"/>
OTDA SSP <input type="checkbox"/>	Child Support <input type="checkbox"/>
SSI <input type="checkbox"/>	Alimony <input type="checkbox"/>
SS Disability <input type="checkbox"/>	Unemployment <input type="checkbox"/>
SS Retirement <input type="checkbox"/>	EITC <input type="checkbox"/>
VA Disability (Service Connected) <input type="checkbox"/>	Rental <input type="checkbox"/>
VA Non Service Pension (Connected) <input type="checkbox"/>	Self Employed <input type="checkbox"/>
Other <input type="checkbox"/>	_____

NON CASH BENEFITS	
SNAP <input type="checkbox"/>	Permanent Supportive Housing <input type="checkbox"/>
WIC <input type="checkbox"/>	Public Housing <input type="checkbox"/>
HEAP <input type="checkbox"/>	Child Care Voucher <input type="checkbox"/>
Housing <input type="checkbox"/>	Affordable Care Act Subsidy <input type="checkbox"/>
HUD/VASH <input type="checkbox"/>	None <input type="checkbox"/>
Other _____ <input type="checkbox"/>	

HOUSING	
Owns <input type="checkbox"/>	Homeless <input type="checkbox"/> Other <input type="checkbox"/>
Rents <input type="checkbox"/>	Other Permanent <input type="checkbox"/> _____

TYPE (Select One)	
Single Parent (F) <input type="checkbox"/>	
Single Parent (M) <input type="checkbox"/>	
2 Parent House <input type="checkbox"/>	
Single Person <input type="checkbox"/>	
2 Adults/No Child <input type="checkbox"/>	
Multi Generational <input type="checkbox"/>	
Non Related Adults w/Children <input type="checkbox"/>	
Other <input type="checkbox"/>	

Reliable Transportation	
Yes <input type="checkbox"/>	No <input type="checkbox"/> Public Transportation <input type="checkbox"/> Friends/Family <input type="checkbox"/>
Bicycle <input type="checkbox"/>	

Income Verification		
Who _____	Amount _____	Interval _____
Who _____	Amount _____	Interval _____
Who _____	Amount _____	Interval _____
Who _____	Amount _____	Interval _____
Who _____	Amount _____	Interval _____

Interval = Weekly, Bi-Weekly, Semi Monthly, Monthly, Semi Annual, Annual, Quarterly, Other(Please Explain)

We at Opportunities respect your privacy and will only speak with outside contacts with your consent. Exceptions include: mandated reporting of child abuse/neglect, court ordered subpoena, and/or reporting imminent harm to self or to others.

Name	Sex	Relation	Marital Status	Date of Birth	Ethnicity	Race	ED	DY	EM	Disabled Yes/No	INS	Military
		Self										

Codes Needed to Complete Top

Marital Status

CH Child
DI Divorced
MA Married
SE Separated
SI Single
WI Widowed

Ethnicity

HIS Hispanic or Latin
NOT Not Hispanic or Latin

Race

Wh White (Caucasian)
BL Black or African American
MR Multi Race
OTH Other
AI American Indian/Alaska Native
NH Native Hawaiian/Pacific Islander
AS Asian

ED = Education

0-8 Grade 0-8
12 non 9-12 (Non Graduate)
HSG High School Graduate
GED GED
12+ 12+ Some Post Secondary
VS Vocational School
2YR 2 Year Degree
4YR 4 Year Degree

DY = Disconnected Youth (under 24)

IS/NW In School / Not Working
IS/W In School / Working
NW/NIS Not Working / Not In School
W/NIS Working / Not In School
>24 Over 24
UK Unknown

EM = Employment

FT Full Time
PT Part Time
SF Migrant Seasonal Farmer
US Unemployed - Short Term (6 mo-)
UL Unemployed - Long Term (6 mo+)
U Unemployed (Not in Work Force)
R Retired

INS = Insurance

N No Insurance
Md Medicaid (A)
Me Medicare (B)
SC State Children's Health (C)
SA State Health Insurance for Adults (D)
MH Military Health (E)
D Direct Purchase (F)
Em Employment Based (G)

Military

N Non Military
A Active Military
V Veteran

Signature: _____

Date: _____