



### Consumer Intake Form

(Application # \_\_\_\_\_)

Applicant Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

SS# \_\_\_\_\_

#### Source of Income (Please circle all that apply)

No income	Employment	TANF	PA	OTDA SSP	SSI	SS Disability	SS Retirement
Worker's Comp	Private Disability Insurance	Pension	Int/Divid	Child Support	EITC	Alimony	Unemployment
VA Disability	VA Non-Service Pension	Rental	Self- employment	Other: _____			

#### Non-Cash Benefits (Please circle all that apply)

SNAP	WIC	HEAP	Housing	HUD/VASH	Permanent Supportive Housing
Public Housing	Child Care Voucher	Affordable Care Act Subsidy	None	Other: _____	

#### Housing (Please circle one choice)

Own	Rent	Homeless	Other Permanent	Other: _____
-----	------	----------	--------------------	--------------

#### Reliable Transportation (Please circle all that apply)

Yes	No	Public Transportation	Friends/Family	Bicycle
-----	----	-----------------------	----------------	---------

#### Household Type (Please circle one choice)

Single Parent- Female	Single Parent- Male	2 Parent	Single Person	2 Adults/No Children	Non-related Adults w/ Children
Multi- Generational	Other: _____				

**Household Income Verification (Please complete for all members receiving income)**

Member	Amount	Interval (Weekly, Biweekly, Semi-Monthly, Monthly, Semi-Annual, Annually, Quarterly, Other- explain)

**Household Members (Please complete for all members in the household- use codes below chart)**

Member	Sex	Relation	Marital Status	Date of Birth	Ethnicity	Race	ED	DY	EM	Disabled Y/N	Ins	Military
		Self										

Sex: M (Male), F (Female), X (Other)

Relation: SP (Spouse), CH (Child), PA (Parent), PN (Partner), OT (Other)

Marital Status: CH (child), DI (Divorced), MA (Married), SE (Separated), SI (Single), WI (Widowed)

Ethnicity: HIS (Hispanic/Latin), NON (Non-Hispanic/Latin)

Race: WH (White/Caucasian), BL (Black/African American), MR (Multirace), OTH (Other), AI (American Indian/Alaska Native), NH (Native Hawaiian/Pacific Islander), AS (Asian)

ED- Education: 0-8 (Grade 0-8), 12NON (9-12 non-graduate), HSG (High school graduate), GED (GED), 12+ (Some further education), VS (Vocational school), 2YR (Associate Degree), 4YR (Bachelor 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 \*less than 6 months), UL (Unemployed long term \*more than 6 months), U (Unemployed \*not in workforce), R (Retired)

INS- Insurance: N (No Insurance), MD (Medicaid), ME (Medicare), SC (State Children’s Health), SA (State Adult Health), MH (Military Health), D (Direct Purchase), EM (Employment-based)

Military: N (Non-Military), A (Active Military), V (Veteran)

**\*\*If being completed by consumer\*\***

I certify that the above information is true and accurate to the best of my knowledge.

Name (Signature): \_\_\_\_\_

Date: \_\_\_\_\_