

Agency: _____ Staff Name: _____ County: _____ Date: ___/___/___

HOUSEHOLD MEMBER INTAKE FORM

Relationship to Head of Household: _____

Last Name: _____ First Name: _____ Middle Initial: _____
 Social Security Number: ___/___/___ Date of Birth: ___/___/___ Veteran: () Yes () No
 Gender: () Male () Female () Transgender-FTM () Transgender-MTF Ethnicity: () Hispanic () Non-Hispanic
 Race: () Asian () Black/African American () American-Indian/Alaskan () White () Pacific Islander () Other

*If this is a minor, do you have legal custody/guardianship of him/her? () Yes () No **[Provide Documentation]**

Disabling Condition: () Yes () No Chronically Homeless: () Yes () No

Special Needs: Check ONE answer for each criterion

- | | | | |
|--|-------------------------------|--------------------------|----------------|
| Substance abuse | () No | () Alcohol abuse | () Drug abuse |
| | () Both alcohol & drug abuse | () Don't know | () Refused |
| <i>Long Duration?</i> | () No | () Yes | () Don't Know |
| <i>Receiving/received treatment?</i> | () No | () Yes | () Don't Know |
| Physical disability | () No | () Yes | () Don't know |
| | () No | () Yes | () Don't Know |
| <i>Long Duration?</i> | () No | () Yes | () Don't Know |
| <i>Receiving/received treatment?</i> | () No | () Yes | () Don't Know |
| Mental illness | () No | () Yes | () Don't know |
| | () No | () Yes | () Don't Know |
| <i>Long Duration?</i> | () No | () Yes | () Don't Know |
| <i>Receiving/received treatment?</i> | () No | () Yes | () Don't Know |
| Illiterate or marginally literate | () No | () Yes | () Don't know |
| | () No | () Yes | () Don't Know |
| <i>Long Duration?</i> | () No | () Yes | () Don't Know |
| <i>Receiving/received treatment?</i> | () No | () Yes | () Don't Know |
| Domestic violence | () No | () Yes | () Don't know |
| <i>Experience occurred:</i> | () Within the past 3 months | () 3 to 6 months ago | () Refused |
| | () 6 to 12 months ago | () More than a year ago | |
| | () Don't know | () Refused | |
| Developmental disability | () No | () Yes | () Don't know |
| | () No | () Yes | () Don't Know |
| <i>Long Duration?</i> | () No | () Yes | () Don't Know |
| <i>Receiving/received treatment?</i> | () No | () Yes | () Don't Know |
| Chronic Health Condition | () No | () Yes | () Don't know |
| | () No | () Yes | () Don't Know |
| <i>Long Duration?</i> | () No | () Yes | () Don't Know |
| <i>Receiving/received treatment?</i> | () No | () Yes | () Don't Know |

Income and Non-Cash Benefits Information

| Income Sources | Amount | Date Started | Whose Income? |
|---|---------------|---------------------|----------------------|
| <input type="checkbox"/> Earned Income: | | | |
| <input type="checkbox"/> Unemployment Insurance: | | | |
| <input type="checkbox"/> Supplemental Insurance Security (SSI) | | | |
| <input type="checkbox"/> Social Security Disability Income (SSDI) | | | |
| <input type="checkbox"/> VA Service-Connected Disability Compensation | | | |
| <input type="checkbox"/> Private Disability Insurance | | | |
| <input type="checkbox"/> Workers Compensation | | | |
| <input type="checkbox"/> Temporary Assistance for Needy Families | | | |
| <input type="checkbox"/> General Assistance | | | |
| <input type="checkbox"/> Retirement Income from SS | | | |
| <input type="checkbox"/> VA Non-Service-Connected Disability Pension | | | |
| <input type="checkbox"/> Pension or retirement income from former job | | | |
| <input type="checkbox"/> Child Support | | | |
| <input type="checkbox"/> Alimony or other special support | | | |
| <input type="checkbox"/> Other source | | | |

| Non-Cash Benefit Sources | Amount | Date Started | Whose Income? |
|---|---------------|---------------------|----------------------|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) | | | |
| <input type="checkbox"/> Special Supplemental Nutrition for Women, Infants & Children (WIC) | | | |
| <input type="checkbox"/> Supplemental Insurance Security (SSI) | | | |
| <input type="checkbox"/> TANF Child Care Services | | | |
| <input type="checkbox"/> TANF Transportation | | | |
| <input type="checkbox"/> Other TANF funded services | | | |
| <input type="checkbox"/> Section 8, public housing, or other ongoing rental assistance | | | |
| <input type="checkbox"/> Temporary Assistance for Needy Families | | | |
| <input type="checkbox"/> Other Source | | | |
| <input type="checkbox"/> Temporary Rental Assistance | | | |

| Health Insurance | | | | |
|--|--|--|--|---|
| <input type="checkbox"/> Medicaid Health Insurance | <input type="checkbox"/> Applied; Decision Pending | <input type="checkbox"/> Applied; Not eligible | <input type="checkbox"/> Did Not Apply | <input type="checkbox"/> N/A Insurance Type |
| <input type="checkbox"/> Medicare Health Insurance | <input type="checkbox"/> Applied; Decision Pending | <input type="checkbox"/> Applied; Not eligible | <input type="checkbox"/> Did Not Apply | <input type="checkbox"/> N/A Insurance Type |
| <input type="checkbox"/> State Children’s Health Insurance | <input type="checkbox"/> Applied; Decision Pending | <input type="checkbox"/> Applied; Not eligible | <input type="checkbox"/> Did Not Apply | <input type="checkbox"/> N/A Insurance Type |
| <input type="checkbox"/> Veterans Administration (VA) Medical Services | <input type="checkbox"/> Applied; Decision Pending | <input type="checkbox"/> Applied; Not eligible | <input type="checkbox"/> Did Not Apply | <input type="checkbox"/> N/A Insurance Type |
| <input type="checkbox"/> Employer Provided Health Insurance | <input type="checkbox"/> Applied; Decision Pending | <input type="checkbox"/> Applied; Not eligible | <input type="checkbox"/> Did Not Apply | <input type="checkbox"/> N/A Insurance Type |
| <input type="checkbox"/> Health Insurance Obtained through COBRA | <input type="checkbox"/> Applied; Decision Pending | <input type="checkbox"/> Applied; Not eligible | <input type="checkbox"/> Did Not Apply | <input type="checkbox"/> N/A Insurance Type |
| <input type="checkbox"/> Private Pay Health Insurance | <input type="checkbox"/> Applied; Decision Pending | <input type="checkbox"/> Applied; Not eligible | <input type="checkbox"/> Did Not Apply | <input type="checkbox"/> N/A Insurance Type |
| <input type="checkbox"/> State Health Insurance for Adults | <input type="checkbox"/> Applied; Decision Pending | <input type="checkbox"/> Applied; Not eligible | <input type="checkbox"/> Did Not Apply | <input type="checkbox"/> N/A Insurance Type |