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

**Please answer all questions. Fill out one form for Head of Household at program entry.**

**Program Entry Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ **Exit Date:** \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_

|  |
| --- |
| Head of Household General Information |

**First Name: Middle Name**:

**Last Name**: **Suffix**: \_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Alias Name (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Ever Received Services Under Different Name:  Yes  No  Don’t Know  Refused

#### If Yes, then provide: First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name:\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Suffix: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth** (mm/dd/yyyy): / / or:  Don’t Know  Refused

**Social Security #:** \_\_\_\_\_\_ – \_\_\_\_\_ – \_\_\_\_\_\_\_\_\_  Don’t Know/Don’t Have  Refused

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have identification**:  No  Yes: list type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**With which gender do you best identify**:  Male  Female Another option not listed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ethnicity**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Race** *(-choose all that apply)*:

|  |  |  |  |
| --- | --- | --- | --- |
|  American Indian or Alaska Native |  Asian |  Black or African American | |
|  Native Hawaiian or Other Pacific Islander |  White |  Don’t Know |  Refused |

**What mode of transportation do you use**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Veteran Status (All Adults in Household):**  \_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_\_ Doesn’t Know \_\_\_\_\_ Refused

|  |
| --- |
| See attached for information about Additional adults in household |

**Household Members**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | SS Number | Age/Gender | DOB | Race/Ethnicity | Relationship to HOH | ID Provided |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Household Pets**

|  |  |
| --- | --- |
| **Name-Type** | **Size** |
|  |  |
|  |  |
|  |  |

**Factors that Contributed to Homelessness** *(choose all that apply)*:

|  |  |
| --- | --- |
|  Abuse or violence in my home |  Medical expenses |
|  Alcohol/substance use disorder |  Mental illness |
|  Asked to leave |  Moved to find work |
|  Credit-related issues |  Issues with public benefits |
|  Unable to pay utilities |  Relationship issues or family break-up |
|  Discharge from foster care |  Reasons related to my sexual orientation/gender identity |
|  Discharged from jail |  Unable to pay rent/mortgage |
|  Discharged from prison |  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Family member or personal illness |  Doesn’t apply to me |
|  Legal issues |  Don’t Know |
|  Lost a job/couldn’t find work |  Refused |

**Tell Us about Your Last Permanent Address** *(where you last lived for 90 days or more)*

Last Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Permanent City: State/Province

Last Permanent Zip Code:  Don’t Know  Refused

**Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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#### Living Situation:

**Type of Residence: Length of Stay**:

\_\_\_\_ Emergency Shelter \_\_\_\_ 1 night or less

\_\_\_\_\_ Place not meant for Human habitation \_\_\_\_ 2- 6 Nights

\_\_\_\_\_ Hospital or residential (non psychiatric) facility \_\_\_\_ 1 week or more less than month

\_\_\_\_\_ Jail \_\_\_\_ 1 month or more but less than 90 Days \_\_\_\_\_ Psychiatric facility \_\_\_\_ 90 days or more but less than 1 year

\_\_\_\_\_ Substance Abuse Facility \_\_\_\_\_ One year or Longer

\_\_\_\_\_\_ Nursing Home \_\_\_\_\_ Client does not know

**Approximate date Homelessness Started: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MM/DD/YEAR**

**(Regardless of where they stayed last night) Number of times the client has been on the ES or SH in the past 3 years including today:** \_\_\_\_\_1 Time \_\_\_\_ 2 Times \_\_\_\_\_ 3 Times \_\_\_ 4 or more Times \_\_\_ Doesn’t know \_\_\_ Refused

#### 

#### Total Number of Months Homeless, on the streets, in ES or SH in the Last 3 years:

Length of time homeless: \_\_Less than 30 days \_\_ 8 months

\_\_1 month \_\_ 9 months

\_\_2 months \_\_ 10 months

\_\_3 months \_\_ 11 months

\_\_4 months \_\_ 12 months

\_\_5 months \_\_ more than 12 months

\_\_6 months \_\_ Client doesn’t know

\_\_7 months \_\_ Client refused

|  |
| --- |
| EMPLOYMENT *(for Adults (Age 18+) and Unaccompanied Minors)* |

|  |
| --- |
| **Currently Employed HOH:**  Yes  No  Don’t Know  Not Applicable  Refused  Child is a Minor  **How Many Hours Worked Last Week**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Type of Work**:  Permanent  Temporary  Seasonal  Contract-Based Full time Part time   **If not currently employed, are you looking for work?:**  Yes  No  Don’t Know  Not Applicable  Refused  **Do you have a resume?:**  Yes  No  **Currently Employed Spouse/ Other Adult:**  Yes  No  Don’t Know  Not Applicable  Refused  Child is a Minor  **How Many Hours Worked Last Week**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Type of Work**:  Permanent  Temporary  Seasonal  Contract-Based Full time Part time   **If not currently employed, are you looking for work?:**  Yes  No  Don’t Know  Not Applicable  Refused  **Do you have a resume?:**  Yes  No  **Employment history:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Challenges to employment :**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |
| --- |
| EDUCATION |

|  |
| --- |
| **Education *( for Adults (Age 18+) and Unaccompanied Minors)*** |
| **School or Training:** Currently in school or training program, Working on Degree or Certification:   Yes  No  Don’t Know  Not Applicable  Refused  Household Member (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Level of Completed Education:  **Vocational or Apprenticeship Certificate?**:  Yes  No  Don’t Know  Not Applicable  Refused  **If yes, what field? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Highest Level of Education Completed** (*choose one*):   |  |  |  |  | | --- | --- | --- | --- | |  No schooling |  7th or 8th Grade |  12th Grade, No Diploma |  Don’t Know | |  Less Than 4th Grade |  9th Grade |  High School Diploma |  Refused | |  4th Grade |  10th Grade |  GED |  | |  5th or 6th Grade |  11th Grade |  College |  |   **Received Degrees** (*check all that apply*):   |  |  |  | | --- | --- | --- | |  Technical Degree or Certificate |  Doctoral all but dissertation |  Don' Know | |  Associate’s Degree |  Doctoral Degree |  Refused | |  Bachelor’s Degree |  Other Graduate Degree |  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  Master’s Degree |  Post-Doctoral Work |  | |

#### Special Needs (All Members of Household):

#### Disabling Condition: \_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Doesn’t Know \_\_\_\_\_ Refused

**Household Member(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Disability:** \_\_\_\_ Substance Abuse \_\_\_\_ Mental Health \_\_\_\_ Physical \_\_\_\_ HIV/ AIDS

\_\_\_\_ Developmental \_\_\_\_ Chronic Health

**Expected to be long-term, continued and Indefinite:** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Documentation of Disability in File:**  \_\_\_\_\_ Yes \_\_\_\_\_ No

**Currently in Treatment/ Receiving Care: \_\_**\_\_\_\_Yes \_\_\_\_\_ No

**If Yes, Where:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Domestic Violence History:**

Is there a current Order of Protection in place: Yes \_\_\_\_\_ No \_\_\_\_\_

Date of last experience: \_\_\_\_\_\_\_\_\_\_\_

Are you currently fleeing from your abuser? Yes \_\_\_\_\_ No \_\_\_\_\_

Is contact maintained with the abuser: Yes \_\_\_\_\_ No \_\_\_\_\_   
Abuser info:  
Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Physical Description (height, weight, tattoos, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vehicle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Safe Areas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unsafe Areas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Brief History: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| INCOME & BENEFITS |

|  |
| --- |
| **Income From Work & Other Sources *(for ALL ADULT MEMBERS OF HOUSEHOLD)*:** |
| **Received Income From Work Last Month (Earned Income**):  Yes  No  Don’t Know  Refused  **Income From Work in Dollars**: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Household Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Received Income From Other Sources in Past Month (30 Days)**:  Yes  No  Don’t Know  Refused | | | |
| 1) Unemployment Insurance: | $\_\_\_\_\_\_\_\_\_ | 9) Retirement from Social Security: | $\_\_\_\_\_\_\_\_ |
| 2) Supplemental Security Income (SSI): | $\_\_\_\_\_\_\_\_\_ | 10) Veteran’s Pension: | $\_\_\_\_\_\_\_\_ |
| 3) Social Security Disability Income (SSDI): | $\_\_\_\_\_\_\_\_\_ | 11) Pension from Former Job: | $\_\_\_\_\_\_\_\_ |
| 4) Veteran's Disability Payment: | $\_\_\_\_\_\_\_\_\_ | 12) Child Support: | $\_\_\_\_\_\_\_\_ |
| 5) Private Disability Insurance: | $\_\_\_\_\_\_\_\_\_ | 13) Alimony/Other Spousal Support: | $\_\_\_\_\_\_\_\_ |
| 6) Worker’s Compensation: | $\_\_\_\_\_\_\_\_\_ | 14) Aid to the Needy and Disabled (AND): | $\_\_\_\_\_\_\_\_ |
| 7)Temporary Assistance for Needy Families (TANF): | $\_\_\_\_\_\_\_\_\_ | 15) Old Age Pension (OAP) | $\_\_\_\_\_\_\_\_ |
| 8) General Assistance (GA): | $\_\_\_\_\_\_\_\_\_ | 16) Other Sources:  If Other: Describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Non-Cash Benefits *(for Adults and Unaccompanied Minors****)*: | | | | | | | |
|  | Eligible | Application Submitted | Currently Receiving | Past Recipient | Not Receiving | Don’t Know | Refused |
| Food Stamps or Money Benefits Card: |  |  |  |  |  |  |  |
| Food Stamps Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| MEDICAID Health Insurance Program: |  |  |  |  |  |  |  |
| MEDICARE Health Insurance Program: |  |  |  |  |  |  |  |
| State Children’s Health Insurance Program: |  |  |  |  |  |  |  |
| Women Infants Children (WIC): |  |  |  |  |  |  |  |
| Veteran’s VA Medical Services): |  |  |  |  |  |  |  |
| TANF Child Care Services: |  |  |  |  |  |  |  |
| TANF Transportation Services: |  |  |  |  |  |  |  |
| TANF (Other TANF-funded Services): |  |  |  |  |  |  |  |
| Rental Assistance, Section 8, Housing Vouchers:  (Through What Agency? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  |  |  |  |  |  |  |
| Other Benefit Sources:  (Through What Agency? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  |  |  |  |  |  |  |

**RESOURCES FOR ALL ADULT MEMBERS OF HOUSEHOLD**

Please Indicate if you or anyone in your household (who is applying):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Resource | Yes | No | Who | Is yes give amount/value |
| Cash on hand |  |  |  | $ |
| Has a checking account |  |  |  |  |
| Has a savings account / Certificate of Deposit |  |  |  |  |
| Has resources other than those listed above |  |  |  |  |

I hereby certify that, to the best of my knowledge, the above statements are true and correct. I understand this information is subject to verification only by authorized FSL Staff or their designees.

**CLIENT INTERVIEWER**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client Printed Name Interviewer Printed Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Client Signature Interviewer Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Date**

**Strengths, Needs, Abilities and Preferences of Household**

List household’s strengths

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List household’s needs

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List household’s abilities

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List household’s preferences

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Additional Adult In Household General Information |

**Additional Adult #1**

**First Name: Middle Name**:

**Last Name**: **Suffix**: \_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Alias Name (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Ever Received Services Under Different Name:  Yes  No  Don’t Know  Refused

#### If Yes, then provide: First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name:\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Suffix: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth** (mm/dd/yyyy): / / or:  Don’t Know  Refused

**Social Security #:** \_\_\_\_\_\_ – \_\_\_\_\_ – \_\_\_\_\_\_\_\_\_  Don’t Know/Don’t Have  Refused

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have identification**:  No  Yes: list type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**With which gender do you best identify**:  Male  Female Another option not listed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ethnicity**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Race** *(-choose all that apply)*:

|  |  |  |  |
| --- | --- | --- | --- |
|  American Indian or Alaska Native |  Asian |  Black or African American | |
|  Native Hawaiian or Other Pacific Islander |  White |  Don’t Know |  Refused |

**What mode of transportation do you use**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Adult #2**

**First Name: Middle Name**:

**Last Name**: **Suffix**: \_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Alias Name (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Ever Received Services Under Different Name:  Yes  No  Don’t Know  Refused

#### If Yes, then provide: First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name:\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Suffix: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth** (mm/dd/yyyy): / / or:  Don’t Know  Refused

**Social Security #:** \_\_\_\_\_\_ – \_\_\_\_\_ – \_\_\_\_\_\_\_\_\_  Don’t Know/Don’t Have  Refused

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have identification**:  No  Yes: list type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**With which gender do you best identify**:  Male  Female Another option not listed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ethnicity**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Race** *(-choose all that apply)*:

|  |  |  |  |
| --- | --- | --- | --- |
|  American Indian or Alaska Native |  Asian |  Black or African American | |
|  Native Hawaiian or Other Pacific Islander |  White |  Don’t Know |  Refused |

**What mode of transportation do you use**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Adult #3**

**First Name: Middle Name**:

**Last Name**: **Suffix**: \_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Alias Name (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Ever Received Services Under Different Name:  Yes  No  Don’t Know  Refused

#### If Yes, then provide: First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name:\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Suffix: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth** (mm/dd/yyyy): / / or:  Don’t Know  Refused

**Social Security #:** \_\_\_\_\_\_ – \_\_\_\_\_ – \_\_\_\_\_\_\_\_\_  Don’t Know/Don’t Have  Refused

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have identification**:  No  Yes: list type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**With which gender do you best identify**:  Male  Female Another option not listed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ethnicity**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Race** *(-choose all that apply)*:

|  |  |  |  |
| --- | --- | --- | --- |
|  American Indian or Alaska Native |  Asian |  Black or African American | |
|  Native Hawaiian or Other Pacific Islander |  White |  Don’t Know |  Refused |

**What mode of transportation do you use**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Adult #4**

**First Name: Middle Name**:

**Last Name**: **Suffix**: \_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Alias Name (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Ever Received Services Under Different Name:  Yes  No  Don’t Know  Refused

#### If Yes, then provide: First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name:\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Suffix: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth** (mm/dd/yyyy): / / or:  Don’t Know  Refused

**Social Security #:** \_\_\_\_\_\_ – \_\_\_\_\_ – \_\_\_\_\_\_\_\_\_  Don’t Know/Don’t Have  Refused

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have identification**:  No  Yes: list type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**With which gender do you best identify**:  Male  Female Another option not listed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ethnicity**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Race** *(-choose all that apply)*:

|  |  |  |  |
| --- | --- | --- | --- |
|  American Indian or Alaska Native |  Asian |  Black or African American | |
|  Native Hawaiian or Other Pacific Islander |  White |  Don’t Know |  Refused |

**What mode of transportation do you use**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Selected Services (FOR AGENCY USE ONLY) | |
| **If providing service(s):**  Service Name # 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Entry Date: \_\_\_\_\_/ \_\_\_\_/ \_\_\_\_\_\_  Exit Date: \_\_\_\_\_/ \_\_\_\_/\_\_\_\_\_\_\_  (Note: Entry Date **usually** equals Exit Date)  Status:  Provided (select “Provided”)  #Units: \_\_\_\_\_\_\_\_\_\_\_\_ | **If enrolling in // exiting out of housing program**:  1. Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Entry Date: \_\_\_\_/ \_\_\_\_\_/ \_\_\_\_\_\_ (if enrolling)  Exit Date: \_\_\_\_/ \_\_\_\_\_/ \_\_\_\_\_\_ (if exiting. **Leave blank** if client **not** exiting out of program)  Status:  Enrolling into program (select ”Enrolled”)   Exiting from program (select “Exited”) |
| Service Name # 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Entry Date: \_\_\_\_\_/ \_\_\_\_/ \_\_\_\_\_\_  Exit Date: \_\_\_\_\_/ \_\_\_\_/\_\_\_\_\_\_\_  (Note: Entry Date **usually** equals Exit Date)  Status:  Provided (select “Provided”)  #Units: \_\_\_\_\_\_\_\_\_\_\_\_ | **Comments:** |