

## CSBG INTAKE FORM

SS# \_\_\_\_\_ LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_ TELEPHONE (    ) \_\_\_\_\_

<b>GENDER</b> w FEMALE    w MALE	<b>DISABLED</b> w YES    w NO	<b>ETHNICITY</b> w B.BLACK/AFRICAN AMER.    w H.HISPANIC    w A.ASIAN w W.WHITE    w N.NATIVE AMER.    w O.OTHER	
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<b>EDUCATION</b> w A. 0-8                      w D. 12+ w B. 9-12(NON-GRAD)    w E. UNKNOWN w C. HS GRAD/GED        w F. COLLEGE GRAD	<b>FOOD STAMPS</b> w YES w NO	<b>HEALTH INSURANCE</b> w A.MEDICAID    w D.SELF-INS. w B.MEDICARE    w E.NONE w C.PRIVATE        w F.UNKNOWN	<b>FARMER</b> w A.FARMER w B.MIGRANT w C.SEASON
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<b>VETERAN</b> w YES w NO	<b># IN HSHLD</b>	<b>FAMILY TYPE</b> w F.SINGLE PAR/FEMALE    w S.SINGLE w M.SINGLE PAR/MALE    w C.COUPLE w T.TWO PARENT            w O.OTHER	<b>HOUSING</b> w OWN w RENT w HOMELESS	<b>CLIENT INCOME</b> w A. WEEKLY    w D.ANNUAL w B.BI-WEEKLY    w E.13 WEEKS w C.MONTHLY    w AMOUNT \$ _____
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<b>SOURCE OF INCOME</b>					
w A.EMPLOYMENT	w C.SOCIAL SECURITY	w E.DA	w G.PENSIONS	w I.OTHER	
w B.UNEMPLOYMENT	w D.AFDC/TANF	w F.SSI/SSD	w H.DISABILITY	SITE:	

HOUSEHOLD MEMBERS				
SS#				
LAST NAME				
FIRST NAME				
DATE OF BIRTH				
GENDER				
DISABLED				
ETHNICITY				
EDUCATION				
HEALTH INS.				
VETERAN				
INCOME:PERIOD				
AMOUNT				
SOURCE				

ID#							
UNITS							
DATE							

	NAME	DATE
INTAKE		
DATA ENTRY		

I certify that this statement is true and correct to the best of my knowledge,  
and authorize the release of any or all information necessary for verification purposes.

\_\_\_\_\_  
SIGNATURE OF CLIENT DATE

COMMENTS \_\_\_\_\_