

Revised 10/2008

Intake Form

Intake Date: ____/____/____

Status	First Name	M.I.	Last Name	SSN#	Reason	Date of Birth	Gender	Race	Eth	Char	Lang	Edu	Rel
HOH						/ /	M/F/U						
AD2						/ /	M/F/U						
SIB1						/ /	M/F/U						
SIB2						/ /	M/F/U						
SIB3						/ /	M/F/U						
SIB4						/ /	M/F/U						
SIB5						/ /	M/F/U						

Mailing Address:

Address: _____

City/State/Zip code: _____

Home: (____) _____

Work: (____) _____ ext. _____

Cell: (____) _____

Elementary School District: _____

Physical Address:

Address: _____

City/State/Zip code: _____

Home: (____) _____

Work: (____) _____ ext. _____

Cell: (____) _____

County: _____

Demographics:

Marital Status: ☐ Divorced ☐ Legally Separated ☐ Married
☐ Partner ☐ Single ☐ Widowed

Tribe: _____

Family Type: ☐ Foster Parent (w/foster child(ren)) ☐ Grandparent
☐ Married (living w/children) ☐ Married (Spouse in Nursing Home)
☐ Multiple Adults (living w/children) ☐ Multiple Adults (no children)
☐ Single parent-female (living w/children) ☐ Single parent-male (living w/children)
☐ Single person (living alone)

Living Arrangements: ☐ Homeless ☐ Homeless by Choice
☐ Living w/friends or family ☐ Own ☐ Rent-Subsidized (HUD, Section 8)
☐ Rent-Unsubsidized ☐ Transitional/Shelter



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Residence:

Structure: ☐ Wood Frame ☐ Brick ☐ Masonary
☐ Mobile Home ☐ Multi-Unit

Home # of Stories: ☐ 1 ☐ 2 ☐ 3 ☐ 4

Dwelling Type: ☐ Site Built (single family)
☐ Multi-Family Unit (apartments) ☐ Mobile Home
☐ Doublewide ☐ Modular Home (no wheels)
☐ Duplex (2 homes under 1 roof) ☐ Row House
☐ 3 to 4 Unit Rental ☐ Shelter ☐ Transitional ☐ Other

Do You Live In? ☐ City/Town ☐ Rural Area ☐ Suburb

Year of home construction: _____ If unknown, approximate age: _____

Check boxes if the answer is YES for the following questions:

☐ Smokers in Household?
☐ Has Dwelling previously been Weatherized by DOE funds? If so, when? _____

If yes, answer the following questions:

☐ Was dwelling subsequently damaged by an Act of God? If so when? _____

Monthly Cost of Residence: _____

☐ Does Government pay any of rent or house payment?
☐ Fuel included in rent?

Residence-Energy:

Primary Heating: ☐ Electric ☐ Fuel Oil ☐ Kerosene
☐ LP Gas ☐ Natural Gas ☐ None ☐ Other
☐ Wood/Coal

Primary Heating Vendor: _____

Primary Heating Account: _____

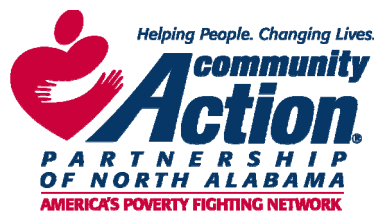
Secondary Heating: ☐ Electric ☐ Fuel Oil ☐ Kerosene
☐ LP Gas ☐ Natural Gas ☐ None ☐ Other
☐ Wood/Coal

Secondary Heating Vendor: _____

Secondary Heating Account: _____

Heating Source: ☐ Coal ☐ Electric (hot air)
☐ Hot Water ☐ Natural Gas ☐ Other ☐ Propane
☐ Space Heater ☐ Steam ☐ Stove ☐ Wood

Cooling Energy: ☐ Electric



Employment Information-HOH ☐ **N/A—Unemployed**

Employment Status: ☐ Full Time w/benefits ☐ Full Time w/o benefits
☐ Part Time w/benefits ☐ Part Time w/o benefits

Employment Verification Tool: ☐ Employee ID Badge

☐ Letter from Employer ☐ Payroll Check Stub ☐ Phone Call to Employer

Income Verification Tool: ☐ Bank Statement

☐ Direct Deposit Receipt ☐ Letter from Employer ☐ Payroll Check Stub ☐
Social Security Statement ☐ W-2

Employer: _____

Employer Phone: (____) _____

Employed Since: ____/____/____

CODES:

Reason for SSN-

C-Confidential
N-Not Collected by Head Start
UC-Unavailable cannot provide
UI-Unknown client import
UW-Unknown will provide
F-SSN reported
P-Partial SSN reported
R-Refused

Race-

A-Asian

M-Bi-racial/ Multi-racial

AA-Black/African American
C-Caucasian/ White
H-Hispanic
N-Native American
P-Pacific Islander
U-Unknown

Ethnicity-

U-Unknown
H-Hispanic or Latin
N-Not Hispanic or Latin

Characteristics

A-Applicant
DB-Debarred
DE-Deceased
D-Disabled/ Handicapped
E-Eviction
FY-HS FD/FY Exception
OI-HS OI Exception
M-Notice/Delinquent Mortgage
H-Health/Weather Related Illness
K-Hurricane Katrina Evacuee

MW-Migrant/ Seasonal Worker

NH-No Health Insurance
NC-Non Federal-Crisis EHS
PM-Pregnant Mom
V-Veteran

Language

A-African
C-Caribbean
CR-Creole
EA-East Asian
E-English
ES-European and Slavic

Employment Information-AD2 ☐ **N/A—Unemployed**

Employment Status: ☐ Full Time w/benefits ☐ Full Time w/o benefits
☐ Part Time w/benefits ☐ Part Time w/o benefits

Employment Verification Tool: ☐ Employee ID Badge

☐ Letter from Employer ☐ Payroll Check Stub ☐ Phone Call to Employer

Income Verification Tool: ☐ Bank Statement

☐ Direct Deposit Receipt ☐ Letter from Employer ☐ Payroll Check Stub ☐ Social Security Statement ☐ W-2

Employer: _____

Employer Phone: (____) _____

Employed Since: ____/____/____

G-German

ME-Middle Eastern and South Asian
M-Native Central/South American/Mexican
AN-North American/Alaska Native
O-Other
P-Pacific Island
S-Spanish

Education

AT-Adult-College Degree/Trng Certificate

AC-Adult-College or Advance Degree

AG-Adult-General Education Diploma
A0-Adult-Grade 10
A1-Adult-Grade 11
A2-Adult-Grade 12
A9-Adult-Grade 9 or less
AH-Adult-High School Graduate
AA-Associate's Degree
BS-Bachelor's Degree
C1-Child Grade 1 - 6
M-Master's Degree
P-Preschool
U-Unknown

Y7-Youth Grade 7 thru 8
Y8-Youth Grade 9 thru 12

Relationship

A-Aunt
B-Brother
C-Custodial Parent
D-Daughter
DP-Dual Custodial Parent
F-Father
FS-Former Spouse
FC-Foster Child
FP-Foster Parent
GC-Grandchild

GP-Grandparent
HH-Head of Household
I-In-Law
M-Mother
N-Nephew
NI-Niece
O-other
P-Partner
SI-Sister
S-Son
SP-Spouse
SC-Stepchild
U-Uncle