



This form must be filled out completely. By filling out this form, you agree to allow HPHH to connect you with other resources and agencies and allow us to share information as needed. You also agree to HPHH policies and procedures. HPHH does not discriminate based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity.

Basic information

Name: _____

List other names you have gone by: _____

Age: _____

Date of birth: _____

Phone number: _____

Street Address: _____

City: _____ State: _____

Mailing Address (if different from street address): _____

What brings you in today? _____

Race

Caucasian African American Hispanic Asian American Indian Other

Male Female Single Married Divorced Separated Widow/er Other

Living arrangements

Own or buying home Live in house provided by someone else/parents
No permanent residence Live with someone else temporarily
Rent home/apartment Live in RV
Other (Please explain here) _____

Education

Did you graduate high school/have GED? YES NO

If not, are you interested in getting a GED? YES NO

Are you interested in going to college? YES NO

Employment/Job

Are you currently employed? YES NO

If yes, where do you work? _____

If no, are you seeking employment? YES NO

If no, please explain why:

Do you need assistance getting a certified copy of your birth certificate? YES NO

If so, why do you need the birth certificate? Please check one.

To get an ID or driver's license _____

To receive assistance with utilities _____

For personal use/records _____

Are you on disability or have Medicaid benefits? YES NO

Do you have a budget? YES NO

Would you be interested in a Money & Me class for free? YES NO

Are you interested in assistance with sobriety? YES NO

By signing this form, I understand that HPHH is a charitable organization and affirm that I will not abuse or take advantage of HPHH assistance or services in any way. I also affirm that I will schedule appointments with HPHH and honor those appointments. If I am unable to keep an appointment, I will cancel as soon as possible or contact HPHH to let them know why I can't keep the appointment. I understand that if I miss two appointments without contacting HPHH, I will be moved to the back of the waiting list for appointments.

Signature _____ Date _____

Additional Information:
