



COMMUNITY ACTION PROGRAM REGION VII, INC.

2105 Lee Avenue, Bismarck, ND 58504

Phone (701) 258-2240 Fax (701)258-2245

CLIENT INTAKE FORM

Date: _____ Assistance Requested: _____

HEAD OF HOUSEHOLD INFORMATION:

First name _____ Middle _____ Last name _____ Social Security Number _____/_____/_____

Mailing address _____ City _____ Zip Code _____

Physical address (if different from above) _____ County _____ Phone number _____

Email Address: _____ Message Phone: _____

Referred to this agency by: _____

Household Type:

Single Parent Female Single Parent Male Two Parent Household
Single Person Two Adults, no children Other

Household Size: Marital Status: Single Married Divorced Widowed Separated

Birth Date: _____

Gender: Male Female

Race: White Asian Black Multi American Indian Other - Explain

Education: 0 to 8th grade 9 to 12 grade (non grad) High School graduate GED 12+ some post-secondary 2 yr College Degree 4 yr College Degree

Medical Coverage: Medicare Medicaid Indian Health Service Private Insurance None

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Veteran: yes no Disabled: yes no Farmer: yes no

Income Per Month:

Employment \$ TANF \$ Other \$
Unemployment \$ General Assistance \$ Describe if other:
Social Security \$ Pension \$
SSI/SSDI \$ Child Support \$ No income

SNAP (Food Stamps): yes no If yes, amount: \$ Fuel Assistance: yes no

Housing Status:

Owner Homeless with roof
Renter Homeless no roof

NOTES: _____

Rent/Mortgage Amount: \$ Rental Assistance: yes no

List all Members of the Household except the Head of Household. (Primary Person listed on the front of this form)

Name (Please Print) <i>First and Last Name</i>	Social Security #	Birth Date	Age	Relation: <i>Spouse, Child, Parent, Relative, or Other</i>	Gender <i>Male Female</i>	Disabled	Race <i>White, Black, American Indian, Asian or Other</i>	Hispanic/ Latino	Education <i>0-8, 9-12, HS/GED 12+, 2 or 4 yr degree</i>	Food Stamps	Health Coverage <i>Private, Medicare, Medicaid, IHS, None</i>	Veteran
2.						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
4.						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
5.						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
6.						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
7.						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Does anyone other than the Head of Household have income?

(Income sources: Employment, Unemployment, Soc. Sec., SSI, SSDI, TANF, Pension, General Assistance, Child Support, Rental Income, Other)

Name	Income Source	Monthly Amount

The income and information I have provided is true and accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____