Today's Date

COMMUNITY ACTION PROGRAM REGION VII, INC.

2105 LEE AVENUE, BISMARCK, ND 58504
Phone (701) 258-2240 · Fax (701) 258-2245 · Toll Free in ND (800) 223-0364

Helping People. Changing Lives. community Action PROGRAM, BISMARCK REGION NORTH DAKOTA'S POVERTY FIGHTING NETWORK

CLIENT INTAKE FORM

Please check all that apply:	☐ Food Pantry	☐ Rent	☐ Electric Bill	☐ Teen Court	☐ Clothing Closet
	☐ Commodities	☐ Security Deposit	☐ Personal/Household Items	☐ Keys to Innervision	☐ Other _____

PERSONAL INFORMATION FOR HEAD OF HOUSEHOLD (List additional household members on next sheet)

Social Security #	First Name MI Last Name	Birth Date (mm/dd/yyyy)	Gender	Disabled
			☐ Male ☐ Female	☐ Yes ☐ No

Race	Ethnicity	Education	Food Stamps	Health Coverage	Veteran
☐ White ☐ Multi ☐ Asian ☐ Native American ☐ Black ☐ Other	☐ Hispanic or Latino ☐ NOT Hispanic or Latino	☐ 0 to 8th Grade ☐ 9th - 12th Grade (non-grad) ☐ High School Grad/GED ☐ 12+ Grade ☐ College Degree	☐ Yes ☐ No $_____	☐ Medicare ☐ Medicaid ☐ Other ☐ None	☐ Yes ☐ No

INCOME INFORMATION FOR ALL HOUSEHOLD MEMBERS

Name	Pay Per Hour	Hours Per Week	Pay Per Month	Source
	$		$	
	$		$	
	$		$	
	$		$	

Source Codes

A Employment
B Unemployment
C Social Security
D TANF
F - SSI/SSD
G - Pension
H - General Assistance
I - Other

HOUSING INFORMATION

Address Apt/Lot#	City	County	Zip Code	Telephone #
				Home/Message: Work

Household Type	Marital Status	Housing Status	Housing Type	Rent/House Payment
☐ Female Single Parent ☐ Male Single Parent ☐ Two Parent ☐ Couple ☐ Single ☐ Other_____	☐ Single ☐ Divorced/Separated ☐ Widowed ☐ Married	☐ Owner ☐ Renter ☐ Homeless with roof ☐ Homeless without roof	☐ House ☐ Apartment ☐ Duplex ☐ Mobile Home	$ _____ Rental Assistance ☐ Yes ☐ No

ADDITIONAL HOUSEHOLD MEMBERS

Name (Please Print)	Social Security #	Birth Date	Age	Relation	Gender	Disabled	Race	Hispanic/ Latino	Education	Food Stamps	Health Coverage	Veteran
2.						☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No
3.						☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No
4.						☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No
5.						☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No
6.						☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No
7.						☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No
8.						☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No
9.						☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No
10.						☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No
11.						☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No
12.						☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No

ADDITIONAL COMMENTS

Food Pantry	
Weatherization	
Program Specialist	
Entered into Tracker	
Letter Sent	

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There are often many concerns that combine to affect us in our daily lives. The following checklist is a means for you to share with our staff any areas of concern that you might have so we may better assist you, either through our agency's programs or by referral to other community resources.

☐ **Yes, I would like to receive further information by phone or mail.**

☐ **No, thanks.**

Signature

Printed Name _____ Phone Number Required _____ Date _____

Address _____ City _____ ND Zip _____

INCOME MANAGEMENT

- ☐ Housing, please specify_____
- ☐ Utilities
- ☐ Food
- ☐ Clothing
- ☐ Paying Bills, Money Management
- ☐ Weatherization
- ☐ Furnace/Air Conditioner
- ☐ Housing and Safety Maintenance
- ☐ Income Tax Assistance
- ☐ Other, please specify_____

EMPLOYMENT

- ☐ Job Retention
- ☐ Job Interviewing
- ☐ Résumé Preparation
- ☐ Skills Assessment
- ☐ Child Care
- ☐ Transportation
- ☐ Clothing
- ☐ Other, please specify_____

HEALTH CARE

- ☐ Medical
  - ☐ Vision
  - ☐ Hearing
  - ☐ Dental
  - ☐ Prescriptions
  - ☐ Diabetic Supplies
- ☐ Mental Health Issues
- ☐ Abuse Concerns
  - ☐ Alcohol/Drug
  - ☐ Tobacco
  - ☐ Gambling
  - ☐ Physical
  - ☐ Emotional
- ☐ Family Planning
- ☐ Safe Sex Information/Supplies
- ☐ Other, please specify_____
- ☐ HIV Testing

EDUCATION

- ☐ School/College Enrollment
- ☐ Training Programs
- ☐ Adult Education (GED, Refresher Courses)
- ☐ Applying for Student Financial Aid
- ☐ Children's Education Issues
- ☐ Head Start, Early Head Start, Preschool
- ☐ Tutoring
- ☐ School Supplies
- ☐ Other, please specify_____

PERSONAL NEEDS

- ☐ Parenting Issues
- ☐ Support System/Community Involvement
- ☐ Decision Making/Problems Solving Skills
- ☐ Self Confidence/Self Esteem
- ☐ Legal Services
- ☐ Anger Management/Conflict Resolution
- ☐ Communication Skills
- ☐ Significant Loss (Spouse, Child)
- ☐ Counseling
- ☐ Recreational Needs
- ☐ Child Car Seat
- ☐ Other, please specify_____

Please add any additional comments on reverse side.