



2021 INTAKE FORM

TODAY'S DATE: _____

HOUSEHOLD ID #
CSST #
<input type="checkbox"/> LSO <input type="checkbox"/> Staff Assessment
REF # _____

NAME: _____ DOB: _____ Age _____

Street Address: _____ Apt/Unit/Lot#: _____

Zip Code: _____ City: _____ Primary Phone: _____ Mobile Home None

Housing Status: Homeowner Renter Homeless - Shelter Homeless – No Shelter Institution Place not meant for habitation Staying with friends/family

Total Household Members including yourself? _____

Identification Type	Gender	Race	Ethnicity	Receiving Disability Payment	Health Insurance	Preferred Language	Marital Status	Employment Status	Veteran Status	Education
<input type="checkbox"/> Federal ID <input type="checkbox"/> State ID <input type="checkbox"/> Student ID <input type="checkbox"/> Health Record <input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Alaskan Native/American <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American/Pacific Islander <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Insurance <input type="checkbox"/> Indigent or County <input type="checkbox"/> CHIP <input type="checkbox"/> Employer Provided <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private/Direct Purchase <input type="checkbox"/> State Ins <input type="checkbox"/> Insured - Unknown <input type="checkbox"/> VA/Tricare	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	<input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Not Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unable to Work	<input type="checkbox"/> Active Duty <input type="checkbox"/> Not Applicable <input type="checkbox"/> Veteran <input type="checkbox"/> Spouse of veteran	<input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> High School/GED <input type="checkbox"/> Advanced Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Some College or Associates

CLIENT INSTRUCTIONS: PLEASE COMPLETE ALL FIELDS FOR ALL PEOPLE LIVING IN THE HOME. IF YOU NEED ADDITIONAL FORMS, PLEASE ASK FOR ASSISTANCE. IF YOU ARE REQUESTING FOOD PANTRY ONLY, YOU DO NOT NEED TO PROVIDE VERIFICATION BUT MUST COMPLETE THIS APPLICATION AND THE USDA APPLICATION.

TCP USE ONLY	
TRIAGE VERIFIED ALL (INITIAL)	_____
INTAKE ENTERED ALL (INITIAL)	_____
DATE OF ENTRY:	_____

Participant #1 Name: _____ **DOB:** _____ **Age:** _____

Relationship to Head of Household: Adult Child Authorized Rep Child Extended Family Foster Child Grandchild Other Adult Other Child Parent Spouse/Significant Other

TRIAGE USE: GUARDIANSHIP VERIFIED

Identification Type	Gender	Race	Ethnicity	Disability Payments	Health Insurance	Preferred Language	Marital Status	Employment Status	Veteran Status	Education
<input type="checkbox"/> Federal ID <input type="checkbox"/> State ID <input type="checkbox"/> Student ID <input type="checkbox"/> Health Record <input type="checkbox"/> Birth Certificate <input type="checkbox"/> SNAP Letter	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Alaskan Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American/Pacific Islander <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Insurance <input type="checkbox"/> Indigent or County <input type="checkbox"/> CHIP <input type="checkbox"/> Employer Provided <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private/Direct Purchase <input type="checkbox"/> State Ins <input type="checkbox"/> Insured - Unknown <input type="checkbox"/> VA/Tricare	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	<input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Not Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unable to Work	<input type="checkbox"/> Active Duty <input type="checkbox"/> Not Applicable <input type="checkbox"/> Veteran <input type="checkbox"/> Spouse of veteran	<input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> High School/GED <input type="checkbox"/> Advanced Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Some College or Associates

Participant #2 Name: _____ **DOB:** _____ **Age:** _____

Relationship to Head of Household: Adult Child Authorized Rep Child Extended Family Foster Child Grandchild Other Adult Other Child Parent Spouse/Significant Other

TRIAGE USE: GUARDIANSHIP VERIFIED

Identification Type	Gender	Race	Ethnicity	Disability Payments	Health Insurance	Preferred Language	Marital Status	Employment Status	Veteran Status	Education
<input type="checkbox"/> Federal ID <input type="checkbox"/> State ID <input type="checkbox"/> Student ID <input type="checkbox"/> Health Record <input type="checkbox"/> Birth Certificate <input type="checkbox"/> SNAP Letter	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Alaskan Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American/Pacific Islander <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Insurance <input type="checkbox"/> Indigent or County <input type="checkbox"/> CHIP <input type="checkbox"/> Employer Provided <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private/Direct Purchase <input type="checkbox"/> State Ins <input type="checkbox"/> Insured - Unknown <input type="checkbox"/> VA/Tricare	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	<input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Not Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unable to Work	<input type="checkbox"/> Active Duty <input type="checkbox"/> Not Applicable <input type="checkbox"/> Veteran <input type="checkbox"/> Spouse of veteran	<input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> High School/GED <input type="checkbox"/> Advanced Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Some College or Associates

TODAY'S DATE: _____

HOUSEHOLD INCOME DISCLOSURE			HOUSEHOLD BENEFITS DISCLOSURE		
NO Household Income <input type="checkbox"/>			NO Household Benefits <input type="checkbox"/>		
INCOME SOURCE/PERIOD	AMOUNT EARNED	WHO RECEIVES THIS?	BENEFIT ITEMS/PERIOD	BENEFIT AMOUNT, IF KNOWN	WHO RECEIVES THIS?
Employment <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly			SNAP <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly		
Unemployment <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly			WIC <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly	N/A	
Social Security Retirement or Survivors <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly			TANF <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly		
Social Security Disability <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly			SECTION 8 <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly	N/A	
Short-Term Disability <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly			PUBLIC HOUSING <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly	N/A	
Child Support <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly			WORKER'S COMP <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly		
Retirement <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly			DISCLOSURES AND AGREEMENTS <i>INITIAL BY EACH AND SIGN BELOW</i>		
Veterans Benefits <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly			_____ ALL INFORMATION PROVIDED IS TRUE AND CORRECT.		
Part-time/Contract <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly			_____ I HAVE READ AND I AGREE TO THE CLIENT AGREEMENT/INFORMED CONSENT.		
Legal Settlement <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly			_____ I HAVE READ AND AGREE TO THE HIPAA NOTICE OF PRIVACY PRACTICES.		
Friend/Family Contribution <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly			_____ I HAVE READ AND AGREE TO THE CLIENT RIGHTS AND RESPONSIBILITIES.		
			HEAD OF HOUSEHOLD SIGNATURE: _____		
			TCP REPRESENTATIVE SIGNATURE: _____		