TODAY'S DATE:_____

INTAKE FORM

HOUSEHOLD ID #
CSST #
☐ LSO ☐ Staff Assessment REF #_____

NAME:_____ **DOB:** _____ **Age**_____

Street Address: _____ **Apt/Unit/Lot#:** _____ **Zip Code:** _____

City: _____**Primary Phone:** _____ ☐ **Mobile** ☐ **Home** ☐ **None** **Email:**_____

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
☐Federal ID ☐State ID ☐Student ID ☐Health Record ☐Birth Certificate	☐ Female ☐ Male ☐Transgender ☐Prefer not to say	☐Alaskan Native/American Indian ☐Asian ☐White ☐Black/African American ☐Native American/Pacific Islander ☐ Prefer not to say	☐Hispanic/Latino ☐Not Hispanic/Latino ☐Prefer not to say	☐Yes ☐ No	☐ No Insurance ☐Indigent or County ☐ CHIP ☐ Employer Provided ☐ Medicaid ☐ Medicare ☐Private/Direct Purchase ☐State Ins ☐Insured - Unknown ☐VA/Tricare	☐ English ☐ Spanish ☐Other: _____	☐ Divorced ☐ Married ☐ Single ☐ Separated ☐ Widowed	☐ Employed Full Time ☐ Employed Part Time ☐ Not Employed ☐ Retired ☐ Unable to Work	☐ Active Duty ☐ Not Applicable ☐ Veteran ☐ Spouse of veteran	☐Not a High School Graduate ☐High School/GED ☐ Advanced Degree ☐ Bachelor's Degree ☐ 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 VERFIED ALL *(INITIAL)*	
INTAKE ENTERED ALL *(INITIAL)*	
DATE OF ENTRY:	

TODAY'S DATE:_____

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

TODAY'S DATE:_____

HOUSEHOLD INCOME DISCLOSURE		
NO Household Income ☐		
INCOME SOURCE/PERIOD	**AMOUNT EARNED**	**WHO RECEIVES THIS?**
Employment ☐ Monthly ☐ Bi-Weekly ☐ Weekly		
Unemployment ☐ Monthly ☐ Bi-Weekly ☐ Weekly		
Social Security Retirement or Survivors ☐ Monthly ☐ Bi-Weekly ☐ Weekly		
Social Security Disability ☐ Monthly ☐ Bi-Weekly ☐ Weekly		
Short-Term Disability ☐ Monthly ☐ Bi-Weekly ☐ Weekly		
Child Support ☐ Monthly ☐ Bi-Weekly ☐ Weekly		
Retirement ☐ Monthly ☐ Bi-Weekly ☐ Weekly		
Veterans Benefits ☐ Monthly ☐ Bi-Weekly ☐ Weekly		
Part-time/Contract ☐ Monthly ☐ Bi-Weekly ☐ Weekly		
Legal Settlement ☐ Monthly ☐ Bi-Weekly ☐ Weekly		
Friend/Family Contribution ☐ Monthly ☐ Bi-Weekly ☐ Weekly		

HOUSEHOLD BENEFITS DISCLOSURE		
NO Household Benefits ☐		
BENEFIT ITEMS/PERIOD	**BENEFIT AMOUNT, IF KNOWN**	**WHO RECEIVES THIS?**
SNAP ☐ Monthly ☐ Bi-Weekly ☐ Weekly		
WIC ☐ Monthly ☐ Bi-Weekly ☐ Weekly	**N/A**	
TANF ☐ Monthly ☐ Bi-Weekly ☐ Weekly		
SECTION 8 ☐ Monthly ☐ Bi-Weekly ☐ Weekly	**N/A**	
PUBLIC HOUSING ☐ Monthly ☐ Bi-Weekly ☐ Weekly	**N/A**	
WORKER'S COMP ☐ Monthly ☐ Bi-Weekly ☐ Weekly		

DISCLOSURES AND AGREEMENTS

***INITIAL* BY EACH AND SIGN BELOW**

_____ ALL INFORMATION PROVIDED IS TRUE AND CORRECT.

_____ I HAVE READ AND I AGREE TO THE **CLIENT AGREEMENT/INFORMED CONSENT.**

_____ I HAVE READ AND AGREE TO THE **HIPAA NOTICE OF PRIVACY PRACTICES.**

_____ I HAVE READ AND AGREE TO THE **CLIENT RIGHTS AND RESPONSIBILITIES.**

HEAD OF HOUSEHOLD SIGNATURE:

_____

TCP REPRESENTATIVE SIGNATURE:

_____