Program Entrance Date: _____
Program Exit Date: _____
Program ID No. _____

COMMUNITY DEVELOPMENT BLOCK GRANT – PUBLIC SERVICES (CDBG-PS) CLIENT INTAKE FORM

Personal Information

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security No. (Last four digits): _____

Family/Individual Status (please check the appropriate space(s)):

Gender Identification: Male _____ Female _____ Disabled: Yes _____ No _____

Married: Yes _____ No _____ Homeless: Yes _____ No _____

Female Head of Household: Yes _____ No _____ Veteran: Yes _____ No _____

Number of Household Members (including self): _____

Ethnic Breakdown (Note: If you identify yourself as one of the listed ethnicities and Hispanic, please place a check in both columns)

	Non-Hispanic	Hispanic
White	_____	_____
African American/Black	_____	_____
Asian	_____	_____
American Indian/Alaskan Native	_____	_____
Native Hawaiian/Other Pacific Islander	_____	_____
American Indian/Alaskan Native & White	_____	_____
Asian & White	_____	_____
African American/Black & White	_____	_____
American Indian/Alaskan Native & African American/Black	_____	_____
Other Multi Racial	_____	_____

Source of Income

- Are you currently employed? Yes _____ No _____
- What is your current annual household income? $_____
- Are you eligible for the free lunch program Yes_____ No_____
- Which of the following forms of income/benefits are you receiving? (please check all categories that apply):
    - Temporary Assistance for Needy Families (TANF) _____
    - General Assistance _____
    - Supplemental Security Income (SSI) _____
    - Social Security Disability (SSD) _____
    - Social Security Benefits _____
    - Veteran Benefits _____
    - Unemployment Benefits _____
    - Other Retirement Benefits _____

Education (please check the highest level of education completed):

- Grammar School _____
- High School _____
- College _____

Personal Health

- Have you received treatment for:
    - Substance Abuse _____
    - Mental Illness _____
    - Other (please specify) _____

Additional Comments

_____

_____

_____

_____

_____