



County: _____

Intake Date: ___/___/___

Status	First Name	M.I.	Last Name	SSN#	Reason	Date of Birth	Gender	Race	Eth	Char	Lang	Edu	Rel
HOH						/ /	M/F/U						
AD2						/ /	M/F/U						
SIB1						/ /	M/F/U						
SIB2						/ /	M/F/U						
SIB3						/ /	M/F/U						
SIB4						/ /	M/F/U						
SIB5						/ /	M/F/U						

Mailing Address:

Address: _____

City/State/Zip code: _____

Home: (____) _____

Work: (____) _____ ext. _____

Cell: (____) _____

Elementary School District: _____

Physical Address:

Address: _____

City/State/Zip code: _____

Home: (____) _____

Work: (____) _____ ext. _____

Cell: (____) _____

County: _____

Demographics:

Marital Status: Divorced Legally Separated Married
 Partner Single Widowed

Tribe: _____

Family Type: Foster Parent (w/foster child(ren)) Grandparent
 Married (living w/children) Married (Spouse in Nursing Home)
 Multiple Adults (living w/children) Multiple Adults (no children)
 Single parent-female (living w/children) Single parent-male (living w/children)
 Single person (living alone)

Living Arrangements: Homeless Homeless by Choice
 Living w/friends or family Own Rent-Subsidized (HUD, Section 8)
 Rent-Unsubsidized Transitional/Shelter



Residence:

Structure: Wood Frame Brick Masonary
 Mobile Home Multi-Unit

Home # of Stories: 1 2 3 4

Dwelling Type: Site Built (single family)
 Multi-Family Unit (apartments) Mobile Home
 Doublewide Modular Home (no wheels)
 Duplex (2 homes under 1 roof) Row House
 3 to 4 Unit Rental Shelter Transitional Other

Do You Live In? City/Town Rural Area Suburb

Year of home construction: _____ If unknown, approximate age: _____

Check boxes if the answer is YES for the following questions:

- Smokers in Household?
- Has Dwelling previously been Weatherized by DOE funds?

If yes, answer the following questions:

Was dwelling subsequently damaged by an Act of God? If so when? _____

Monthly Cost of Residence: _____

- Does Government pay any of rent or house payment?
- Fuel included in rent?

Residence-Energy:

Primary Heating: Electric Fuel Oil Kerosene
 LP Gas Natural Gas None Other
 Wood/Coal

Primary Heating Vendor: _____

Primary Heating Account: _____

Secondary Heating: Electric Fuel Oil Kerosene
 LP Gas Natural Gas None Other
 Wood/Coal

Secondary Heating Vendor: _____

Secondary Heating Account: _____

Heating Source: Coal Electric (hot air)
 Hot Water Natural Gas Other Propane
 Space Heater Steam Stove Wood

Cooling Energy: Electric



Employment Information-HOH **N/A—Unemployed**

Employment Status: Full Time w/benefits Full Time w/o benefits
 Part Time w/benefits Part Time w/o benefits

Employment Verification Tool: Employee ID Badge

Letter from Employer Payroll Check Stub Phone Call to Employer

Income Verification Tool: Bank Statement

Direct Deposit Receipt Letter from Employer Payroll Check Stub
Social Security Statement W-2

Employer: _____

Employer Phone: (____) _____

Employed Since: ____/____/____

CODES:

Reason for SSN-

- C**-Confidential
- N**-Not Collected by Head Start
- UC**-Unavailable cannot provide
- UI**-Unknown client import
- UW**-Unknown will provide
- F**-SSN reported
- P**-Partial SSN reported
- R**-Refused

- Race-**
A-Asian

- M**-Bi-racial/ Multi-racial
- AA**-Black/African American
- C**-Caucasian/ White
- H**-Hispanic
- N**-Native American
- P**-Pacific Islander
- U**-Unknown

Ethnicity-

- U**-Unknown
- H**-Hispanic or Latin
- N**-Not Hispanic or Latin

Characteristics

- A**-Applicant
- DB**-Debarred
- DE**-Deceased
- D**-Disabled/ Handicapped
- E**-Eviction
- FY**-HS FD/FY Exception
- OI**-HS OI Exception
- M**-Notice/Delinquent Mortgage
- H**-Health/Weather Related Illness
- K**-Hurricane Katrina Evacuee

MW-Migrant/ Seasonal Worker

- NH**-No Health Insurance
- NC**-Non Federal-Crisis EHS
- PM**-Pregnant Mom EHS
- V**-Veteran

Language

- A**-African
- C**-Caribbean
- CR**-Creole
- EA**-East Asian
- E**-English
- ES**-European and Slavic

Employment Information-AD2 **N/A—Unemployed**

Employment Status: Full Time w/benefits Full Time w/o benefits
 Part Time w/benefits Part Time w/o benefits

Employment Verification Tool: Employee ID Badge

Letter from Employer Payroll Check Stub Phone Call to Employer

Income Verification Tool: Bank Statement

Direct Deposit Receipt Letter from Employer Payroll Check Stub Social Security Statement W-2

Employer: _____

Employer Phone: (____) _____

Employed Since: ____/____/____

G-German

- ME**-Middle Eastern and South Asian
- M**-Native Central/South American/Mexican
- AN**-North American/Alaska Native
- O**-Other
- P**-Pacific Island
- S**-Spanish

Education

- AT**-Adult-College Degree/Trng Certificate

AC-Adult-College or Advance Degree

- AG**-Adult-General Education Diploma
- AO**-Adult-Grade 10
- A1**-Adult-Grade 11
- A2**-Adult-Grade 12
- A9**-Adult-Grade 9 or less
- AH**-Adult-High School Graduate
- AA**-Associate's Degree
- BS**-Bachelor's Degree
- C1**-Child Grade 1 - 6
- M**-Master's Degree
- P**-Preschool
- U**-Unknown

- Y7**-Youth Grade 7 thru 8
- Y8**-Youth Grade 9 thru 12

Relationship

- A**-Aunt
- B**-Brother
- C**-Custodial Parent
- D**-Daughter
- DP**-Dual Custodial Parent
- F**-Father
- FS**-Former Spouse
- FC**-Foster Child
- FP**-Foster Parent
- GC**-Grandchild

- GP**-Grandparent
- HH**-Head of Household
- I**-In-Law
- M**-Mother
- N**-Nephew
- NI**-Niece
- O**-other
- P**-Partner
- SI**-Sister
- S**-Son
- SP**-Spouse
- SC**-Stepchild
- U**-Uncle



Income	Amount Totals
Child Support/Alimony	
Public Assistance	
Black Lung	
Rental Income	
Earnings	
Royalties	
Educational Assistance	
Social Security	
Estates/Trusts	
SSI	
Interest/Dividends	
Unemployment	
Miscellaneous	
Veteran's Benefits	
Outside Assistance	
Worker's Comp	
Pension/Retirement	
Non-Cash Benefits	
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Non-Cash Benefits	

I CERTIFY THAT ALL THE ABOVE INFORMATION IS CORRECT AND MAY BE USED FOR HOUSEHOLD AND INCOME VERIFICATION TO INCLUDE ZERO INCOME VERIFICATION FOR STATISTICAL PURPOSES. I AUTHORIZE AGENCY EMPLOYEES TO CONTACT ANY FORMER EMPLOYEES AND/OR SOCIAL SERVICES AGENCIES TO VERIFY HOUSEHOLD INCOME FOR THE PAST THIRTY (30) DAYS.

Signature of Applicant: _____ Date: _____

I CERTIFY THAT REASONABLE ATTEMPTS HAVE BEEN MADE TO VERIFY THE ABOVE REPORTED HOUSEHOLD AND INCOME INFORMATION. I FURTHER CERTIFY THAT DOCUMENTATION TO VERIFY SAME IS INCLUDED IN THE APPLICANT'S OFFICIAL FILE/RECORD.

Agency Representative: _____ Date: _____