Program: GA

Program Year: 2018

CSBG INTAKE

SS#: _____ **Last Name:** _____ **First Name:** _____

DOB: _____ **Address:** _____

City: _____ **Zip:** _____ **County:** _____

Phone #: _____ **Message Phone #:** _____ **Whose Phone:** _____

Gender:
☐ Female ☐ Male

Disabled:
☐ Yes ☐ No

Ethnicity:
☐ **B**lack or African American ☐ **A**sian ☐ **N**ative **H**awaiian/**P**acific **I**slander
☐ **N**ative **A**merican/Native Alaskan ☐ **H**ispanic or **L**atin
☐ **W**hite ☐ **O**ther ☐ **M**ulti-**R**ace (any 2 or more above)

Agency Site:

Client E-mail:

Education:
☐ A. 0-8 ☐ B. 9-12 (Non-Grad)
☐ C. HS Grad/GED ☐ D. 12+
☐ E. 2-4 yr. Grad College

Food Stamps:
☐ Yes
☐ No

Health Insurance:
☐ A. Medicaid ☐ D. Self-Ins.
☐ B. Medicare ☐ E. None
☐ C. Private ☐ F. Unknown

Farmer:
☐ A. Farmer
☐ B. Migrant
☐ C. Seasonal

Veteran:
☐ Yes
☐ No

 # In HH

Family Type:
☐ F. Single Par/Female ☐ Single
☐ M. Single Par/Male ☐ Couple
☐ Two Parent ☐ Other

Housing:
☐ Own
☐ Rent
☐ Homeless
☐ Other

Income Eligibility Period:
☐ A. Weekly ☐ D. Annually
☐ B. Bi-Weekly ☐ E. 13 Weeks
☐ C. Monthly ☐ F. 3 Months
☐ G. 6 Months

Source of Income:
☐ A. Employment ☐ C. Social Security ☐ E. GA ☐ G. Pension ☐ I. Other
☐ B. Unemployment ☐ D. TANF ☐ F. SSI/SSD ☐ H. No Income ☐ J. Zero Income
☐ K. Refused – Only used for programs that do NOT require income verification

Income Amount:

Other Household Members
Use codes from above ONLY for information listed below

SS#						
Last Name						
First Name						
Date of Birth						
Male/Female (M, F)						
Disabled (Y, N)						
Ethnicity (B, A, NHPI, NA, HL, W, O, MR)						
Education (A, B, C, D, E)						
Veteran (Y, N)						
Health Insurance (A, B, C, D,E, F)						
Income Period: (A, B, C, D, E, F, G)						
Source (A, B, C, D, E, F, G, H, I,J,K)						
Income Amount						

														Initials	**Date**
Code#:															
# of Units:													**Intake:**		
Date of Service:													**Data Entry**		

I certify that this statement is true and correct to the best of my knowledge, and I authorize the release of any or all information necessary for verification purposes.

Applicant Signature: _____ Date: _____

1/18