

Today's Date

COMMUNITY ACTION PROGRAM REGION VII, INC.

2105 LEE AVENUE, BISMARCK, ND 58504

Phone (701) 258-2240 • Fax (701) 258-2245



CLIENT INTAKE FORM

TYPE OF ASSISTANCE REQUESTED _____

PERSONAL INFORMATION FOR HEAD OF HOUSEHOLD (List additional household members on next sheet)

Social Security #	First Name	MI	Last Name	Birth Date (mm/dd/yyyy)	Gender	Disabled
					<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
Race	Ethnicity	Education		SNAP	Health Coverage	Veteran
<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Multi <input type="checkbox"/> Native American <input type="checkbox"/> Other	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino	<input type="checkbox"/> 0 to 8th Grade <input type="checkbox"/> 9th - 12th Grade (non-grad) <input type="checkbox"/> High School Grad/GED	<input type="checkbox"/> 12+ Grade <input type="checkbox"/> College Degree	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No

INCOME INFORMATION FOR ALL HOUSEHOLD MEMBERS

Name	Pay Per Hour	Hours Per Week	Pay Per Month	Source	Source Codes	
	\$		\$		A Employment	F - SSI/SSD
	\$		\$		B Unemployment	G - Pension
	\$		\$		C Social Security	H - General Assistance
	\$		\$		D TANF	I - Other

HOUSING INFORMATION

Address	Apt/Lot#	City	County	Zip Code	Telephone #	
					Home/Message:	
					Work	
Household Type		Marital Status	Housing Status		Housing Type	Rent/House Payment
<input type="checkbox"/> Female Single Parent <input type="checkbox"/> Male Single Parent <input type="checkbox"/> Two Parent	<input type="checkbox"/> Couple <input type="checkbox"/> Single <input type="checkbox"/> Other _____	<input type="checkbox"/> Single <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Married	<input type="checkbox"/> Owner <input type="checkbox"/> Renter <input type="checkbox"/> Homeless with roof <input type="checkbox"/> Homeless without roof	<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Mobile Home	\$ _____ Rental Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No	

List all Members of the Household except the Head of Household. (Primary Person listed on the front of this form)

Name (Please Print)	Social Security #	Birth Date	Age	Relation	Gender	Disabled	Race	Hispanic/Latino	Education	Food Stamps	Health Coverage	Veteran
2.						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
4.						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
5.						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
6.						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
7.						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
8.						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
9.						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
10.						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

FOR OFFICE USE ONLY:

Reason for Request:

Future Plan:

Does this assistance help obtain employment or retain current employment? YES NO If yes, please explain:
