



COMMUNITY ACTION PROGRAM REGION VII, INC.

2105 Lee Avenue, Bismarck, ND 58504

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

Client Intake Form

Date: _____ Assistance Requested: _____

First Name _____ Middle _____ Last Name _____ Social Security Number _____

Mailing Address _____ City _____ Zip code _____

Physical address (if different from above) _____ County _____ Phone number _____

Email Address: _____

Family Type: _____ Household Size: _____

- Single Person Single Parent Male Single Parent Female
Two Parent Household Two Adults, no Children Non-related Adults with Children
Multi-generational Household Other

Birth Date: _____ Gender: Male Female Ethnicity: Hispanic/Latino Not Hispanic/Latino

Race: White Asian Black/African American American Indian/Alaska Native
Native Hawaiian/other Pacific Islander Multi-racial other

Education: 0-8 grade 9-12 grade /Non-Graduate High School Graduate GED 12+some post-secondary 2 or 4yrs College Degree Graduate of other Post-secondary School
Medical Coverage: Medicare Medicaid Military Health Care Direct-Purchase Employment Based State Children's Health Insurance Program State Health Insurance for Adults Other
Veteran: Yes No Disabled: Yes No

Income: Employment \$ Unemployment \$ Social Security Retirement \$ SSI \$ SSDI \$ Pension \$ Private Disability Insurance \$ Child Support \$ TANF \$ VA Service-Connected Disability \$ VA Non-Service Connected Disability \$ Alimony/other Spousal Support \$ Other \$ No Income

Snap: Yes No If yes, amount \$ Housing Status: Owner Renter Fuel Assistance: Yes No

Rent/Mortgage Amount: \$ Homeless with roof Homeless with no roof

Rental Assistance: Yes No Other Permanent Housing Other

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

Name (please print) First and Last Name	Social Security #	Birth Date	Age	Relation: Spouse, Child, Parent, Relative, or other	Gender Male, Female	Disabled Yes Or No	Race White, Black, American Indian, Asian, or Other	Hispanic/ Latino Yes or No	Education 0-8, 9-12, HS/GED, 12+, 2 or 4 yr. degree	SNAP Yes Or No	Health Coverage Private, Medicaid, Medicare, None, etc.	Veteran Yes Or No
1.						Yes ___ No ___		Yes ___ No ___		Yes ___ No ___		Yes ___ No ___
2.						Yes ___ No ___		Yes ___ No ___		Yes ___ No ___		Yes ___ No ___
3.						Yes ___ No ___		Yes ___ No ___		Yes ___ No ___		Yes ___ No ___
4.						Yes ___ No ___		Yes ___ No ___		Yes ___ No ___		Yes ___ No ___
5.						Yes ___ No ___		Yes ___ No ___		Yes ___ No ___		Yes ___ No ___
6.						Yes ___ No ___		Yes ___ No ___		Yes ___ No ___		Yes ___ No ___

Does Anyone other than the Head of Household have income? (sources: Employment, Soc. Sec., SSI, SSDI, TANF, Pension, Child Support, Other, etc....)

Name	Income Source	Monthly Amount

The Income and information I have provided is true and accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____