

*Release of Information Form (ROI) signed by client*

**Household Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Persons in Household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Head of Household**

**Client ID# First Name:** **Last Name:**

**DOB: / / Social Security #:** - -

**Zip code of last permanent address:**

**Ethnicity:** Hispanic **Race:** American Indian/Alaskan Native Asian American

Non-Hispanic Black/African American White

Refused Native Hawaiian/ Pacific Islander Multi-Racial

Unknown/Not Reported Refused

**Gender:** Male **Marital Status:** Married

Female Single

Other Other

Unknown/ Not Reported Unknown/ Not Reported

**U.S. Military Veteran?** Yes No Don’t Know Refused

**Is client currently unhoused?** Yes No **Is client chronically homeless?** Yes No

**Is the clients income below the poverty guidelines?** Yes No Don’t Know Refused

**Does the client qualify for any of the following:**

Supplemental Nutrition Assistance Program (Food Stamps)

MEDICAID MEDICARE SCHIP Special Supplemental Nutrition Program for WIC

VA Medical Services TANF Child Care Services TANF Transportation Services

Other TANF-Funded Services Section 8, public housing or rental assistance

Other source Temporary rental assistance

**Initial Client Intake Form**

**Additional Household Members**

Household Members

|  |  |  |  |
| --- | --- | --- | --- |
| Name | DOB | Ethnicity | Race |
|  |  | Hispanic Non-Hispanic Refused | Black/African American  White  American Indian/Alaskan Native  Asian American  Native Hawaiian/ Pacific Islander  Multi-Racial  Unknown/Not Reported Refused |
|  |  | Hispanic Non-Hispanic Refused | Black/African American  White  American Indian/Alaskan Native  Asian American  Native Hawaiian/ Pacific Islander  Multi-Racial  Unknown/Not Reported Refused |
|  |  | Hispanic Non-Hispanic Refused | Black/African American  White  American Indian/Alaskan Native  Asian American  Native Hawaiian/ Pacific Islander  Multi-Racial  Unknown/Not Reported Refused |
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