 

*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 |
|  |  | 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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|  |  | 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 |



*This program is supported from the Texas Veterans Commission Fund for Veterans’ assistance. The Fund for Veteran’s Assistance provides grants to organizations serving veterans and their families. For more information, visit www.tvc.texas.gov*