

**SOUTH TULSA COMMUNITY HOUSE
CLIENT INTAKE FORM FY 2015/2016**

South Tulsa Community House does not discriminate based on age, sex, sexual orientation, race, color, ethnicity, national origin, religion, disability, or status as a veteran. The services rendered to clients of the South Tulsa Community House are based on the Federal Government's Census Tract (address where you live and other certain factors). We are required by certain Federal based programs to collect the following information for statistical or reporting purposes only; your name or the name of household member(s) will **NOT** be released to third parties:

PLEASE PRINT CLEARLY:

Your Name: _____ Sex: M____ F____

Street Address: _____ Apt. No. _____

City, State, Zip Code: _____

Apartment Complex Name: _____

Telephone Number: (____) _____ Cell/Alternate Phone No. (____) _____

Birthday ____/____/____ Age: _____ SSN: XXX-XX- _____ (last 4 digits only)

Employer: _____

Veteran? YES _____ NO _____

Marital Status: Single _____ Divorced _____ Separated _____ Married _____ Widowed _____

Your Race (check all that apply) :

White _____	Native Hawaiian _____
Black/African Am. _____	Native Alaskan _____
Asian _____	Other Pacific Islander _____
Native American _____	Other multi-racial (specify): _____

Ethnicity: Hispanic _____ Latino _____

Highest Level of Education: _____

Spouse/Partner's Name: _____ Sex: M____ F____

Birthday ____/____/____ Age: _____ SSN: XXX-XX- _____ (last 4 digits only)

Employer: _____

Veteran? YES _____ NO _____

Your Spouse/Partner's Race (check all that apply) :

White _____	Native Hawaiian _____
Black/African Am. _____	Native Alaskan _____
Asian _____	Other Pacific Islander _____
Native American _____	Other multi-racial (specify): _____

Client Name: _____

Ethnicity: Hispanic _____ Latino _____

Highest Level of Education: _____

TOTAL number of persons currently living in your household (count yourself and your spouse) _____

NOT including you (or your spouse), list all others living in your household:

1. Last Name _____ First Name _____ Age _____ DOB _____ Sex (M or F) _____

White _____ Native Hawaiian _____
Black/African Am. _____ Native Alaskan _____
Asian _____ Other Pacific Islander _____
Native American _____ Other multi-racial (specify): _____

Ethnicity: Hispanic _____ Latino _____ Veteran? YES _____ NO _____

2. Last Name _____ First Name _____ Age _____ DOB _____ Sex (M or F) _____

White _____ Native Hawaiian _____
Black/African Am. _____ Native Alaskan _____
Asian _____ Other Pacific Islander _____
Native American _____ Other multi-racial (specify): _____

Ethnicity: Hispanic _____ Latino _____ Veteran? YES _____ NO _____

3. Last Name _____ First Name _____ Age _____ DOB _____ Sex (M or F) _____

White _____ Native Hawaiian _____
Black/African Am. _____ Native Alaskan _____
Asian _____ Other Pacific Islander _____
Native American _____ Other multi-racial (specify): _____

Ethnicity: Hispanic _____ Latino _____ Veteran? YES _____ NO _____

4. Last Name _____ First Name _____ Age _____ DOB _____ Sex (M or F) _____

White _____ Native Hawaiian _____
Black/African Am. _____ Native Alaskan _____
Asian _____ Other Pacific Islander _____
Native American _____ Other multi-racial (specify): _____

Ethnicity: Hispanic _____ Latino _____ Veteran? YES _____ NO _____

5. Last Name _____ First Name _____ Age _____ DOB _____ Sex (M or F) _____

White _____ Native Hawaiian _____
Black/African Am. _____ Native Alaskan _____
Asian _____ Other Pacific Islander _____
Native American _____ Other multi-racial (specify): _____

Ethnicity: Hispanic _____ Latino _____ Veteran? YES _____ NO _____

NOTE: If more than 5 other persons live in your household, please ask for an additional form.

Client Name: _____

Is a Female Head of the Household? Yes _____ No _____

Total Monthly Income For Entire Household: \$ _____ per month
(includes you, your spouse/partner or anyone else with an income living in your household)

Other Income, Services and Benefits:

Please Check with an "X" All that apply and fill in the amount you or anyone in your household receives:

DHS [TANF, Daycare, SNAP (food stamps), Medical, etc.]	_____	monthly amt	\$ _____
Social Security Disability Income	_____	monthly amt	\$ _____
Social Security Income (retirement)	_____	monthly amt	\$ _____
Other Pension/Retirement Income	_____	monthly amt	\$ _____
Veteran's Benefits	_____	monthly amt	\$ _____
Section 8 / HUD Housing	_____	monthly amt	\$ _____
Child Support	_____	monthly amt	\$ _____
Unemployment Benefits	_____	monthly amt	\$ _____
Other (specify): _____	_____	monthly amt	\$ _____

Are you or anyone in your household interested in taking free GED classes? Yes _____ No _____

Are you or anyone in your household interested in getting job search assistance? Yes _____ No _____

Why did you come in today ? (check all that apply):

Food	_____
Hygiene products	_____
Baby products	_____
Bus Tokens	_____
Bus Passes	_____
Use the copier	_____
Use the fax machine	_____
Use computer/internet	_____
Use telephone	_____
Get help w/ job search	_____
Get GED information	_____
Other (specify)	_____

How did you hear about South Tulsa Community House?

Word of mouth	_____	
Info 211 (Helpline)	_____	
Friends/relatives	_____	
Church	_____	Name of Church: _____
Another agency	_____	Name of Agency: _____
Other	_____	Specify: _____

GO TO NEXT PAGE

Client Name: _____

Certification:

I CERTIFY THAT ALL INFORMATION PROVIDED ON THIS CLIENT INTAKE FORM AND ANY AND ALL DOCUMENTS PROVIDED FOR PURPOSES OF IDENTIFICATION AND/OR PROOF OF RESIDENCE ARE TRUE AND CORRECT. I FURTHER CERTIFY THAT MY MONTHLY INCOME, PROOF OF RESIDENCE AND/OR HOUSEHOLD SIZE IS SUBJECT TO VERIFICATION. **FINALLY, I UNDERSTAND AND AGREE THAT IF ANY OF THE INFORMATION I HAVE PROVIDED IN THIS CLIENT INTAKE FORM CHANGES, I WILL NOTIFY SOUTH TULSA COMMUNITY HOUSE OF SUCH CHANGE WITHIN THIRTY (30) DAYS.**

Your signature: _____ Date: _____

Witness: _____ Date: _____
(staff or authorized volunteer)

FOR OFFICE USE ONLY:

Photo I.D. (copy) Attached _____
Rent/Lease Agreement (copy) Attached _____
Utility Bill (copy) showing service address Attached _____
Telephone Bill (copy) Attached _____

If NO photo ID or NO Proof of Residence, explain why Intake Form is approved:

Homeless: _____

OR Specify: _____

Census Tract No. _____

Income Status per January 2015 Tulsa Annual Income Limits (check only 1):

Extremely Low _____ (0-30% of MFI)
Very Low _____ (31-50% of MFI)
Low Moderate _____ (51-80% of MFI)
NON Low/Mod _____ (> 80% of MFI)