DH IN-TAKE FORM

TODAYS DATE:

	LAST	FIRST	MI	Social Security Number
Name:				
Spouse				

Street Address: | Apartment #

City: | State: | Zip Code: | Telephone #

Birthday: | Place of Birth: | State | Eye Color

SEX: ☐ Female ☐ Female Head of Household

Mother's maiden name

Dependent Children	Social Security #	M - F	NAME	BIRTHDATE

You Must Check, Circle, or Fill-in Items 1 thru 8 Below

1 HUD Catagories for RACE and ETHNICITY

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Hispanic
- ☐ White
- ☐ American Indian or Alaska Native & White
- ☐ Asian & White
- ☐ Black or African American & Asian
- ☐ Black or African American & White
- ☐ American Indian or Alaska Native & Black or African American
- ☐ *Other*

2 INCOME

- ☐ No income / Not Eligible P.A.
- ☐ Receiving Unemployment
- ☐ Receiving Child Support
- ☐ Receiving Disability
- ☐ Receiving Other Income
- ☐ Receiving Public Assistance
- ☐ Receiving Food Stamps
- ☐ Retired, Receiving Benefits
- ☐ S. S. I.
- ☐ Employed

Gross Monthly Income		
☐ $0-250	☐ $251-500	☐ $501-1000
☐ $1001-1500	☐ $1501-2000	☐ $2001 +

3 EDUCATION

- ☐ School Dropout
- ☐ High School / GED
- ☐ Some College
- ☐ College Graduate
- ☐ Vocational Training

4 MARITAL STATUS

- ☐ Married
- ☐ Married w/ Dependents
- ☐ Living Together w/ Dependents
- ☐ Separated
- ☐ Separated w/dependents
- ☐ Widowed
- ☐ Widowed w/ Dependents
- ☐ Single
- ☐ Single w/ Dependents
- ☐ Divorced
- ☐ Divorced w/ Dependents

5 HEALTH

- ☐ Not Disabled
- ☐ Temporary Disabled
- ☐ Physical Handicap
- ☐ HIV Positive
- ☐ Hearing Handicap
- ☐ Mental Handicap
- ☐ Vision Handicap

6 HOUSING STATUS

- ☐ Permanent Resident
- ☐ Shelter- Temporary / Emergency
- ☐ Homeless- Vehicle / Streets
- ☐ Substance Abuse Treatment
- ☐ Jail / Prison
- ☐ Living w/ Relatives/Friends
- ☐ Owned Housing
- ☐ Rental Housing
- ☐ Transitional Housing
- ☐ Psychiatric Facility
- ☐ Hospital / Medical
- ☐ Domestic Violence
- ☐ Other ______________

7 VETERAN STATUS

- ☐ Not A Veteran
- ☐ Vietnam Veteran
- ☐ Other Veteran

8 How Did You Hear About Us?

- ☐ Agency Referral
- ☐ Friend
- ☐ Internet
- ☐ Newspaper
- ☐ Radio / TV

DO NOT WRITE BELOW THIS LINE

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