

COMMUNITY ACTION PARTNERSHIP OF SAN BERNARDINO COUNTY INTAKE ASSESSMENT FORM

HOUSEHOLD INFORMATION:

Address: _____ City _____ State _____ Zip _____ Phone: _____ Ph.Type: _____ Alt.Phone _____ Ph.Type: _____

Housing Type: Apartment House Mobile Home Other _____

Housing: Own Rent Homeless Other _____

Family Type:

Single parent/female Single parent/male Two-parent household Single person 2 Adults – No children Other

Other Characteristics: Farmer Migrant Farm worker Seasonal Farm worker

HOUSEHOLD COMPOSITION AND DEMOGRAPHICS: (Complete all information for all members. **Ed. Level & Income applies only to those 18 years and older.**)

HH Name: _____ DOB _____ F/M SSN _____ Ethnicity: H/NH Race: _____ Ed.Level: _____ H.Insc:Y/N V D L _____ LE RS _____ M.Income\$ _____ IS _____ Rel. _____

First Middle Last

Name: _____ DOB _____ F/M SSN _____ Ethnicity: H/NH Race: _____ Ed.Level: _____ H.Insc:Y/N V D L _____ LE RS _____ M.Income\$ _____ IS _____ Rel. _____

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Use the table below as legend to look up abbreviations and to find the available options to answer the questions above.

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| Ethnicity: H:Hispanic NH: Non Hispanic | Race: 1)African American 2)Asian 3)Native American 4)White 5)Multi-Race (any 2 listed) 7)Other | Education level: 1)0-8 2)9-12/non-graduate 3.)High School Grad./GED 4)12 + Some post secondary 5)2 or 4 yr. college graduates | 1st Language (L): 1)English 2)Spanish 3)Vietnamese 4)Cambodian 5)Tagalog | Residency Status (RS): 1)U.S. Citizen 2)Permanent Resident 3)Temporary Resident 4) N/A (Not Applicable) | Income Source (IS): 1)TANF 2)SSI 3)Social Security 4)Pension 5)General Assistance 6)Unemployment Insc. 7)Employment 8) Employment + Other 9)Other |
| HH: Head of Household F/M: Female or Male | H.Insc: Health Insurance V: Veteran (circle if it applies) | D: Disabled (circle if it applies) L: 1 st Language | LE: Limited English (circle if it applies) | RS: Residency Status IS: Income Source | |

Applicant's Signature

Date

Intake Staff's Printed Name