

**APPLICATION FOR SERVICE / INTAKE ASSESSMENT**

Date: \_\_\_\_\_ Referred by: \_\_\_\_\_  
 Fecha Referido por: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Gender: Male Female  
 Apellido Nombre: \_\_\_\_\_ Genero  
 Phone Number - Telefono: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt# \_\_\_\_\_ City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Domicilio: \_\_\_\_\_ Apt: # \_\_\_\_\_ Ciudad, Estado \_\_\_\_\_ Zona Postal

Language: Spanish English Bilingual Spanish & English Other \_\_\_\_\_  
 Idioma Espanol Ingles Bilingue Otra

Marital Status: Single Married Divorced Separated Widowed Living Together  
 Estado Civil Soltero(a) Casado (a) Divorcedo(a) Separado(a) Viudo(a) Union Libre

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Are you a Veteran? Yes No  
 Edad Fecha de Nacimiento Es Un Veterano? Si No

Do you have a Disability? Yes No  
 Esta Desabilitado? Si No

Monthly Expenses: Monthly Rent / Mortgage \$ \_\_\_\_\_ Telephone \$ \_\_\_\_\_  
 Gastos Mensuales: Renta/Pago de la Casa al mes: Telefono  
 Utilities \$ \_\_\_\_\_ Childcare / Child Support \$ \_\_\_\_\_  
 Luz/Agua/Gas Cuidado de Ninos/Pago de Manutencion  
 Food \$ \_\_\_\_\_ Debts / Bills \$ \_\_\_\_\_  
 Comida Otras Cuentas  
 Clothing \$ \_\_\_\_\_ Other \$ \_\_\_\_\_  
 Ropa Otros Gastos

Employment: Full Time Part Time Day Laborer Seasonal Work  
 Empleo Tiempo Completo/Parcial Jornalero Temporal  
 Job Training Homemaker Retired Unemployed  
 Recibe entrenamiento Hogar Retirado(a) Desempleado(a)

Are you looking for a job at this time? Yes No If so, what kind? \_\_\_\_\_  
 Busca trabajo ? Si No Si es si, de que tipo?

Housing Status: (Check one or more)  
 Tipo de vivienda (Marque solo uno)

Apartment House Hotel / Motel Trailer  
 Apartamento Casa Hotel/Motel Traila

Emergency Shelter Transitional Shelter Homeless (If so how long?) \_\_\_\_\_  
 Vivienda de Emergencia Vivienda Temporal Sin Hogar

Living with Friends/relatives Other \_\_\_\_\_  
 Esta viviendo con familiares? Amigos?

Do you have healthcare coverage? Yes No If yes, what kind? Public Private Other \_\_\_\_\_  
 Tiene aseguranza medica? Si No If yes, what kind? Public Private Other  
 Si tiene, es publica? Privada? Otra

Entiendo que esta forma es para verificar si soy elegible para la ayuda y que es un documento legal y que la informacion proporcionada sera verificada y de haber dado informacion falsa, eso sera suficiente para que la ayuda me sea negada o retirada.

Signature of Applicant Volunteer Signature Date  
 Firma del solicitante Firma del Voluntario Fecha

Office Use Only		Date: _____
Address Verification	Income Verification	Family Member Verification
Outcome: 1. Immediate basic need(s) were met? Yes No		If not, indicate reason
2. Emergency / Temporary situation was improved by services provided? Yes No		
Check all services and / or referrals provided:		Emergency Food Groceries USDA Clothing Utility Assistance

Emergency Shelter   Rental Assistance   Motel Vouchers   Medical/Dental   Counseling   Child Care   Hygiene Kits  
Public Benefits   Household Items   Financial