

Agency Name
Program Name
Client Intake Information
 (Form 1 for Presumed Benefited)

Date: _____

Last Name	First Name	MI	Date of Birth	Social Security Number
Address	City	Zip Code	Home Phone	Work Phone

*If the client receiving services is under the age of 18 the following information is required from the responsible party.

Last Name	First Name	MI	Date of Birth	Social Security Number
Address	City	Zip Code	Home Phone	Work Phone

Are you providing the main source of income for your family household? Yes or No
 If no, who is the main provider or head of household for your family? _____

RACE (must choose one race **AND** one ethnicity)

ETHNICITY

<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native <i>and</i> White
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian <i>and</i> White
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American <i>and</i> White
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> American Indian/Alaskan Native <i>and</i> Black/ African American
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	
<input type="checkbox"/> Other	

<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> Non-Hispanic/Latino

OTHER HOUSEHOLD MEMBERS

<u>Last Name</u>	<u>First Name</u>	<u>Date of Birth</u>	<u>School</u>	<u>Relationship</u>	<u>Ethnicity</u>	<u>Race</u> <small>(Hispanic/Latino)</small>
_____	_____	_____	_____	_____	_____	Yes/No _____
_____	_____	_____	_____	_____	_____	Yes/No _____
_____	_____	_____	_____	_____	_____	Yes/No _____
_____	_____	_____	_____	_____	_____	Yes/No _____
_____	_____	_____	_____	_____	_____	Yes/No _____

Staff Use Only: Service(s) Provided to Client? _____ _____ Interviewed by: _____ Head of Household? Yes / No _____ Resides within the city limits of Lompoc? Yes / No _____	Documentation of PB Verified by: _____ Source: _____ Miscellaneous Comments/ or Referrals: _____ _____
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