

Agency Name
Program Name
Client Information
 (Form 2)

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? _____

Total Monthly Household Income:

\$_____ Cal Works \$_____ Gross Salary \$_____ Unemployment \$_____ SSI or SSA \$_____ Pension
 \$_____ Child Support \$_____ Disability \$_____ General Relief \$_____ Workers Comp \$_____ Other

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> <small>(Hispanic/Latino)</small>	<u>Race</u>
_____	_____	_____	_____	_____	Yes/No _____	_____
_____	_____	_____	_____	_____	Yes/No _____	_____
_____	_____	_____	_____	_____	Yes/No _____	_____
_____	_____	_____	_____	_____	Yes/No _____	_____
_____	_____	_____	_____	_____	Yes/No _____	_____

<p>Staff Use Only:</p> <p>Service(s) Provided to Client? _____</p> <p>Interviewed by: _____</p> <p>Income in file & verified by: _____</p> <p>Head of Household? Yes / No _____</p> <p>Resides within the city limits of Lompoc? Yes / No _____</p>	<p><i>If presumed benefited other than Senior verification MUST be in file.</i></p> <p>If Senior, age verified by staff mbr: _____ Source: _____</p> <p>Miscellaneous Comments/ or Referrals: _____</p>
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