

Basic Resident Intake Form *(Family)*

1. Identifying Information

Name: _____ Social Security #: _____
Apt: # _____ Phone: _____ ☐ Home ☐ Cell
☐ Male ☐ Female Date of Birth: _____ Age: _____
Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed
Number of Children in Household _____ Number of Adults in Household: _____
High School Graduate ☐ Yes ☐ No If No, highest grade completed: _____
College degree ☐ Yes ☐ No If Yes, type of degree (BA, AA, BS, MS) _____
Name of College/University: _____

2. Emergency Contact Information

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Relationship: _____	Relationship: _____

3. Family Members Information *(list all children and adults in the household)*

Name: _____	Name: _____
Age: _____	Age: _____
SS#: _____	SS#: _____
Relationship: _____	Relationship: _____
Birth Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Birth Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No
Grade: _____	Grade: _____
Name: _____	Name: _____
Age: _____	Age: _____
SS#: _____	SS#: _____
Relationship: _____	Relationship: _____
Birth Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Birth Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No
Grade: _____	Grade: _____
Name: _____	Name: _____
Age: _____	Age: _____
SS#: _____	SS#: _____
Relationship: _____	Relationship: _____
Birth Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Birth Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No
Grade: _____	Grade: _____

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4. Benefits and Insurance Information

SSI: ☐ Yes ☐ No

Medicaid: # _____ ☐ WIC ☐ Food stamps

Spend down ☐ No ☐ Yes \$ _____

TANF Caseworker: _____

Phone: _____

Other Benefits or Insurance: _____

Car Insurance ☐ Yes ☐ No

Veteran Status: ☐ Yes ☐ No ☐ Widow

Comments: _____

5. Income Sources

Social Security \$ _____/month

TANF \$ _____/month Type of TANF Benefit: _____

Veterans \$ _____/month

SSI \$ _____/month

Child Support \$ _____/month

Employment \$ _____/month Type of Employment ☐ Full Time ☐ Part Time

Other \$ _____/month Type of Benefit/Income: _____

Employer Name/Contact Info: _____

Address: _____

Phone: _____ Supervisor Name: _____

6. Other

Doctor: _____ Phone: _____

Address: _____ Fax: _____

Doctor: _____ Phone: _____

Address: _____ Fax: _____

Dentist: _____ Phone: _____

Address: _____ Fax: _____