|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |       | **Case #:** |       |
| **First Name:** |       | **Last Name:** |       |
| **Physical Address:** |       |
| **Mailing Address:** |       |
| **Date of Birth:** |       | **SSN:** |       | **Contact #:** | (   )    -     |
| **Gender:** | [ ]  F [ ]  M  | **Veteran:** | [ ]  Yes [ ]  No | **Ethnicity:** *Hispanic* [ ]  Yes [ ]  No  |
| **Education:** *Highest level completed* |       | **Race:** |       |
| **Mother’s Maiden Name:** |       | **Father’s Name:** |       |
| **Place of Birth:** |       | **Married:** | [ ]  Yes [ ]  No |
| **Spouse’s Name:** |       |
| **Spouse’s Address (if different):** |       |
| **Family Size:** |       |  |
| **Name:** |       | **Relationship:** |       |
| **Name:** |       | **Relationship:** |       |
| **Name:** |       | **Relationship:** |       |
| **Name:** |       | **Relationship:** |       |
| **Emergency Contact:** |   |
| **Address:** |       |
| **Phone #:** | (   )    -     |
| **Relationship:** |       |
| **Were you recently released from an institution or incarceration?** | [ ]  Yes [ ]  No |
|  **If yes, when?** |       | **Where were you released from?** |       |
| **Medical Diagnosis:** |       |
| **What type of medical insurance do you have?** |       |
| **Benefit Type:** | [ ]  SSI  | $      | [ ]  SSDI | $      | [ ]  VA | $      | [ ]  Other: |
|  | [ ]  TANF | $      | [ ]  SNAP | $      | [ ]  RRB | $      |  $      |
| **Employer Name:**  |       |
| **Primary Care Physician:** |       | **Contact #:** | (   )    -     |
| **Signature**: |       | **Date:** |  |
| **Notes:** |       |
|  |  |
|  |
| **Referring Agency** | [ ]  Yes [ ]  No |
| **Name of Referring Agency:** |       |
| **Caseworker:** |   | **Contact #:** | (   )    -     |
| **Other Caseworker(s):** |       |