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| **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:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Referring Agency** | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Referring Agency:** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Caseworker:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Contact #:** | | | | | | | | | (   )    - | |
| **Other Caseworker(s):** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |