

**Agency:** CCBC ACBC DSS UMH F&CS UHS Other\_\_\_\_\_

**DATE:** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_

**STREET** \_\_\_\_\_ **UNIT#** \_\_\_\_\_ **ZIPCODE** \_\_\_\_\_

**# OF:** **ADULTS:** \_\_\_\_\_ **CHILDREN:** \_\_\_\_\_

**INCOME** (in thousands of dollars)

Under 10\_\_\_\_ 10-14\_\_\_\_ 15-19\_\_\_\_ 20-29\_\_\_\_ 30-49\_\_\_\_ over 50\_\_\_\_

Getting: **UNEMPLOYMENT** \_\_\_\_\_ **DISABILITY** \_\_\_\_\_  
**WORKING** \_\_\_\_\_ **NOT WORKING** \_\_\_\_\_

**INCOME SUBSIDIES:** (check each if applicable for anyone in the household)

PA\_\_ MEDICAID\_\_ MEDICARE\_\_ SSI/SSD\_\_ FOOD/SNAP\_\_ SCH/LUNCH\_\_  
WIC\_\_ UNEMPLOYMENT\_\_ WORK COMP\_\_ VA\_\_ WAGES\_\_ NONE\_\_

**HOUSEHOLD AGE STATS:** (Place number of people in household under each category)

0-6mo\_\_ 7-11mo\_\_ 1-4Yr\_\_ 5-10\_\_ 11-18\_\_ 19-64\_\_ 65+\_\_

**Indicate:** Pregnant:\_\_\_\_ Veteran\_\_\_\_ Receives VA Benefits \_\_\_\_

**RACE:** (please circle)

White Black Asian Hispanic Unknown

**RELIGION:** NC=Not Catholic RC=Roman Catholic

NC\_\_\_\_ RC\_\_\_\_

**FAMILY COMPOSITION:** (Adults and Minor Children)

(Please circle)

D/M/Child\_\_ M/C\_\_ D/C\_\_ Hus/Wife\_\_ Liv/Other Fam\_\_ Liv/Unrel\_\_ Liv/alone\_\_

**NEED/REQUEST:** (please circle)

Food Diapers Clothing Other

**\*PLEASE FILL OUT ALL INFO\*** Worker's name\_\_\_\_\_