

Name:

Signature:

HOUSEHOLD INTAKE

Date:

Annual Household Income		Do you receive income from any of these? CalWorks Medi-Cal General Assist. Other							Income Verification (Office Use Only) W2 Paystub			
	[Food Star	nps Soc	ial Sec	. Disability			Aw	ard Letter		Other	
Н	ousehold Me	mbers										
ull Name:						Bi	rthdate:		Annual Income:			
ender:	Male	Fer	nale		Head of House		Homeless		Disabled		Vetera	
ouse ole:	Father	Mo	ther		Child		Grand Parent		Dom. Partner		Other	
ace:	Non-Hispani	ic Hispanic										
thnicity:	White	Asia	n		Asian & White		Native Hawaiian/ Pacific Islander		Other or Multi- Racial			
	Black/African American		k/African erican & White		American Indian/ Alaska Native		American Indian/ Alaska Native & White		American Ind Alaska Native			
ull Name:						Bi	rthdate:		Annual Income:			
ender:	Male	Fer	nale		Head of House		Homeless		Disabled		Vetera	
ouse ole:	Father	Mo	ther		Child		Grand Parent		Dom. Partner		Other	
ace:	Non-Hispani	c His	panic									
thnicity:	White	Asia	n		Asian & White		Native Hawaiian/ Pacific Islander		Other or Multi- Racial			
	Black/African American		k/African erican & White		American Indian/ Alaska Native		American Indian/ Alaska Native & White		American Ind Alaska Native			
ull Name:						Bi	rthdate:		Annual Income:			
ender:	Male	Fer	nale		Head of House		Homeless		Disabled		Vetera	
ouse ole:	Father	Mo	ther		Child		Grand Parent		Dom. Partner		Other	
ace:	Non-Hispani	c His	panic									
hnicity:	White	Asia	n		Asian & White		Native Hawaiian/ Pacific Islander		Other or Multi- Racial			
	Black/African American		k/African erican & White		American Indian/ Alaska Native		American Indian/ Alaska Native & White		American Ind Alaska Native			



HOUSEHOLD INTAKE

Housenoic	l Members									
Full Name:				Birthdate:	Annual Income:					
Gender:	Male	Female	Head of House	Homeless	Disabled Veteran					
House Role:	Father	Mother	Child	Grand Parent	Dom. Partner Other					
Race:	Non-Hispanic	Hispanic								
Ethnicity:	White	Asian	Asian & White	Native Hawaiian/ Pacific Islander	Other or Multi- Racial					
	Black/African American	Black/African American & White	American Indian/ Alaska Native	American Indian/ Alaska Native & White	American Indian/ Alaska Native & Black					
Full Name:	Annual Birthdate: Income:									
- ·										
Gender:	Male	Female	Head of House	Homeless	Disabled Veteran					
House Role:	Father	Mother	Child	Grand Parent	Dom. Other					
Race:	Non-Hispanic	Hispanic	Hispanic							
Ethnicity:	White	Asian	Asian & White	Native Hawaiian/ Pacific Islander	Other or Multi- Racial					
	Black/African American	Black/African American & White	American Indian/ Alaska Native	American Indian/ Alaska Native & White	American Indian/ Alaska Native & Black					
Full Name:				Birthdate:	Annual Income:					
Gender:	Male	Female	Head of House	Homeless	Disabled Veteran					
House Role:	Father	Mother	Child	Grand Parent	Dom. Other					
Race:	Non-Hispanic	Hispanic								
Ethnicity:	White	Asian	Asian & White	Native Hawaiian/ Pacific Islander	Other or Multi- Racial					
	Black/African American	Black/African American & White	American Indian/ Alaska Native	American Indian/ Alaska Native & White	American Indian/ Alaska Native & Black					
					Annual					
Full Name:				Birthdate:	Income:					
Gender:	Male	Female	Head of House	Homeless	Disabled Veteran					
House Role:	Father	Mother	Child	Grand Parent	Dom. Other					
Race:	Non-Hispanic	Hispanic								
Ethnicity:	White	Asian	Asian & White	Native Hawaiian/ Pacific Islander	Other or Multi- Racial					
	Black/African American	Black/African American & White	American Indian/ Alaska Native	American Indian/ Alaska Native & White	American Indian/ Alaska Native & Black					
Name:		Sig	gnature:		Date:					