

Total number of months on the streets or in Emergency Shelter in the past 3 years? _____
 Are you or anyone in your household pregnant? Yes No If yes, which family member is it? _____
 If yes, what is the projected birth date? _____

Are you or anyone in your household covered by HEALTH INSURANCE? (check all that apply)

- Medicaid, please list which family members are covered: _____
- Medicare, please list which family members are covered: _____
- State Children's Health Insurance, please list which family members covered: _____
- VA Medical Services, please list which family members are covered: _____
- Employer Provided Health Ins. please list which family members are covered: _____
- Health Insurance obtained through COBRA, please list which family members are covered: _____
- Private Pay Health Insurance, please list which family members are covered: _____
- State Health Insurance for adults, please list which family members are covered: _____
- Indian Health Services program, please list which family members are covered: _____
- Other, please list which family members are covered: _____

INCOME (check all that apply and write the monthly amount received next to the appropriate source.)

	Yourself	2 nd Adult Name _____	3 rd Adult Name _____
<input type="checkbox"/> ADC/TANF/FIP Grant	\$ _____ per month	\$ _____ per month	\$ _____ per month
<input type="checkbox"/> Child support	\$ _____ per month	\$ _____ per month	\$ _____ per month
<input type="checkbox"/> SSI	\$ _____ per month	\$ _____ per month	\$ _____ per month
<input type="checkbox"/> SSDI	\$ _____ per month	\$ _____ per month	\$ _____ per month
<input type="checkbox"/> Social Security Retirement	\$ _____ per month	\$ _____ per month	\$ _____ per month
<input type="checkbox"/> Unemployment Benefits	\$ _____ per month	\$ _____ per month	\$ _____ per month
<input type="checkbox"/> VA Service connected Disability	\$ _____ per month	\$ _____ per month	\$ _____ per month
<input type="checkbox"/> VA Non-service Disability	\$ _____ per month	\$ _____ per month	\$ _____ per month
<input type="checkbox"/> State Disability Benefits	\$ _____ per month	\$ _____ per month	\$ _____ per month
<input type="checkbox"/> Worker's Compensation	\$ _____ per month	\$ _____ per month	\$ _____ per month
<input type="checkbox"/> Alimony/Spousal Support	\$ _____ per month	\$ _____ per month	\$ _____ per month
<input type="checkbox"/> Private Disability Payment	\$ _____ per month	\$ _____ per month	\$ _____ per month
<input type="checkbox"/> Pension from job	\$ _____ per month	\$ _____ per month	\$ _____ per month
<input type="checkbox"/> Other	\$ _____ per month	\$ _____ per month	\$ _____ per month
<input type="checkbox"/> Employment	\$ _____ per month	\$ _____ per month	\$ _____ per month
Total Monthly Income	\$ _____ per month	\$ _____ per month	\$ _____ per month

OTHER BENEFITS (check all that apply)

- Food Stamps \$ _____ per month
- DHHS Transportation services
- Rental Assistance (section 8, public housing, etc.)
- WIC
- DHHS Child Care
- Other: _____

Are you a victim of domestic violence? Yes No

If yes, when did the experience occur? Within last 3 months 3-6 months ago 6-12 months ago Over a year ago

If yes for domestic violence victim/survivor, are you currently fleeing? Yes No

EDUCATION:

What is the highest level of education you and your family members have achieved? (check one)

Yourself	2 nd Adult /Spouse/Adult child	3 rd Adult/Adult child	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High School Graduate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obtained GED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did NOT complete high school (last grade completed: _____)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Some college
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Some Technical School
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Technical School Certification
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	College Degree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Graduate Degree

If you have children, are they enrolled in school? Yes No, Most recent school attended? _____

- How did you hear about our agency? Agency Lender Mailer Walk in Word of mouth Face Book
- Our Website 211 Newspaper

Your Signature: _____ Date _____