



Intake Form for CSBG Services

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|--|----------------------|------------|--|--------------------------------|----|-------------------------|------------------------------|-----------|---------|-------|
| Social Security #: | | | | Application Date: | | | | | | |
| First Name: | | | Last Name: | | | | Sex: M F | | | |
| Mailing Address: | | | | | | | | | | |
| City/Zip | | | County: | | | | Phone: | | | |
| E-mail Address: | | | | | | Alternate Phone: | | | | |
| ___ TANF ___ Ex-TANF | | | Food Stamps: ___ No ___ Yes/Amount \$ _____ | | | | | | | |
| Handicap Status ___ Physical ___ Other ___ Both ___ None | | | | | | | | | | |
| Ethnicity (Check all that apply) ___ Asian ___ Black ___ White ___ Hispanic ___ Native American ___ Other | | | | | | | | | | |
| Education ___ 0 to 8 ___ HS 9-12 ___ HS/GED ___ Some College ___ AA ___ BA ___ Post-Graduate | | | | | | | | | | |
| Health Insurance: Medicaid: ___ Yes ___ No Other Health Insurance: ___ Yes ___ No | | | | | | | | | | |
| Family Coverage: ___ Self ___ Spouse ___ Children ___ Entire Family | | | | | | | | | | |
| U.S. Citizen: ___ Yes ___ No | | | | Veteran: ___ Yes ___ No | | | | | | |
| Farmer: ___ Yes ___ No | | | | Migrant: ___ Yes ___ No | | | | | | |
| Sources of Income | | | | | | | | | | |
| Household Members | Date of Birth | SSN | Emp | Un-Emp | SS | SSI | TANF | CS | Pension | Other |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| Total Household Members: | | | Total Annual Income: | | | | Total Monthly Income: | | | |
| Household Type ___ Single/Female Head ___ Single/Male Head ___ Two Parents ___ Unmarried Couple ___ Single ___ Grandparents | | | | | | | | | | |
| Housing Status: ___ Rent ___ Own ___ Homeless w/ Roof Homeless w/o Roof ___ Life Rights ___ Shelter w/ Roof ___ Other | | | | | | | | | | |
| Rental Assistance ___ No ___ Yes/Amount \$ _____ | | | | | | | | | | |
| DO NOT WRITE BELOW THIS LINE | | | | | | | | | | |
| Staff Name | | | | Date Entered | | | | By | | |
| Poverty Level ___ VL (under 100%) ___ LI (101-125%) ___ MI (126-150%) ___ MI (151-180%) ___ MI (181-200%) | | | | | | | | | | |
| Original Intake ___ Updated Intake ___ Initial Service Requested: | | | | | | | | | | |
| Intake For (Please Circle): Head Start Housing Counseling HRE HCV Financial Skills | | | | | | | | | | |
| Other _____ | | | | | | | | | | |

Instructions: Please complete the highlighted sections of this form. If you can fill in any of the other information, please feel free to do so, but do not write below the grey line. Bring this form along with all available documented proof of income to your initial meeting with the counselor. This includes recent pay stubs, tax returns, Social Security award letters, child support agreements or other documentation. In addition, it is helpful if you complete the attached monthly budget form to the best of your ability.

Monthly Budgeting Worksheet

This worksheet will help you begin the process of thinking through what you spend each month. Don't worry if you don't have the answers for everything. Sometimes, however, it is easier to complete this at home where you have access to receipts and bank statement. If you have any questions about anything, the counselor will go over everything during your appointment.

NET MONTHLY INCOME

| | |
|-------------------------|--|
| Source 1 | |
| Source 2 | |
| Source 3 | |
| Source 4 | |
| Other Income | |
| Total Income (A) | |

FIXED EXPENSES

| | |
|-----------------------------|--|
| Rent/Mortgage | |
| Electric | |
| Gas/Oil | |
| Water/Sewer | |
| Telephone | |
| Cellular Telephone | |
| Trash | |
| Cable | |
| Auto Payment 1 | |
| Auto Payment 2 | |
| Auto Insurance | |
| Life Insurance | |
| Home Insurance | |
| Child Support/Alimony | |
| Medical Insurance | |
| Child Care/Other Activities | |
| Other | |
| Total (B) | |

CREDITOR PAYMENTS

| | |
|--------------------|--|
| Installment Loan 1 | |
| Installment Loan 2 | |
| Credit Card 1 | |
| Credit Card 2 | |
| Credit Card 3 | |
| Credit Card 4 | |
| Student Loan 1 | |
| Student Loan 2 | |
| Total (C) | |

FLEXIBLE EXPENSES

| | |
|--------------------------|--|
| Savings | |
| Groceries | |
| Lunch (school/work) | |
| Eating out | |
| Entertainment | |
| Hobbies | |
| Laundry/Dry Cleaning | |
| Clothing | |
| Gasoline/Bus/Taxi | |
| Newspaper | |
| Magazine Subscriptions | |
| Alcohol/Cigarettes | |
| Church/Charitable Giving | |
| School Tuition/Books | |
| Barber/Beauty Shop | |
| Auto Maintenance | |
| Home Maintenance | |
| Doctor | |
| Dentist | |
| Pet Care (food/vet) | |
| Parking/Tolls | |
| Other | |
| Other | |
| Other | |
| Total (D) | |

TOTAL EXPENSES

| | |
|---------------------------|--|
| Total B | |
| Total C | |
| Total D | |
| Total Expenses (E) | |

THE FINAL PICTURE

| | |
|----------------------------|--|
| Total Income (A) | |
| Total Expenses (E) | |
| Difference (+ or -) | |