

## Intake Form For Verification

Staff Note: this does not automatically save to document management; it is intended to be printed and given to family to confirm or update their information so that the updates can be entered into empowOR.

Household Name

Address1  City  State  Zip

Housing Status  Family Type

### Household Members

Name	DOB	Gender	Race
<input type="text" value="Charles Mouse"/>	<input type="text" value="12/03/2020"/>	<input type="text" value="MALE"/>	<input type="text" value="CAUCASIAN (WHITE)"/>
<input type="text" value="Junior Tess"/>	<input type="text" value="03/19/2024"/>	<input type="text" value="MALE"/>	<input type="text" value="CAUCASIAN (WHITE)"/>
<input type="text" value="Lil Test"/>	<input type="text" value="06/05/1978"/>	<input type="text" value="FEMALE"/>	<input type="text" value="AMERICAN INDIAN/ALASKAN NATIVE, CAUCASIAN (WHITE), HAWAIIAN/PACIFIC"/>
<input type="text" value="Suzie Test"/>	<input type="text" value="11/18/2020"/>	<input type="text" value="FEMALE"/>	<input type="text" value="ASIAN, HAWAIIAN/PACIFIC ISLANDER"/>
<input type="text" value="Teenybopper Test"/>	<input type="text" value="08/09/2005"/>	<input type="text" value="MALE"/>	<input type="text" value="BLACK/AFRICAN AMERICAN"/>

Name	Marital Status	Disability	Veteran	Ethnicity
<input type="text" value="Charles"/>	<input type="text"/>	<input type="text" value="YES"/>	<input type="text"/>	<input type="text" value="NON-HISPANIC/LATINO"/>
<input type="text" value="Junior"/>	<input type="text"/>	<input type="text" value="NO"/>	<input type="text"/>	<input type="text" value="NON-HISPANIC/LATINO"/>
<input type="text" value="Lil"/>	<input type="text" value="DIVORCED"/>	<input type="text" value="NO"/>	<input type="text" value="NO MILITARY STATU"/>	<input type="text" value="NON-HISPANIC/LATINO"/>

Suzie		NO		NON-HISPANIC/LATINO
Teenybopper	SINGLE	YES	NO MILITARY STATU	HISPANIC/LATINO

Name	Education	Employment	Insurance
Charles	0-8TH GRADE		Not insured
Junior	0-8TH GRADE		
Lil	2 YEAR DEGREE	Unemployed (Short-Term 6 months or	Direct Purchase, Medicaid
Suzie	0-8TH GRADE		Not insured
Teenybopper	0-8TH GRADE	Employed Part-Time	Medicaid

Name	Phone	Email
Charles Mouse		
Junior Tess		
Lil Test	276-791-8323x, 715-232-4567x, 906-998-7754x, 920-867-5309x, 999-	shannongowan@newcap.org
Suzie Test		
Teenybopper Test	321-456-9875x	teen@test.com

Most Recent Income Snapshot (if confirmed, then create new snapshot with today's date)

Income Snapshot Date

Household Name	Annual HH Income	% Poverty
Test Lil	\$ 33,600.00	107.69

### Income Sources

Name	IncomeSource	Monthly Amount
Lil Test	Child Support	\$ 1,400.00
Lil Test	SSDI (Social Security Disability Incom	\$ 1,400.00

Head of Household

Signature

Please correct any information in the form and sign here to confirm your review.

Date

Defaults to current date