



621 Richmond AVE
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General Intake

Name _____ Date _____ Address _____ City _____

Zip _____ Telephone _____ DOB _____ Email _____

Please indicate total number of people living in your house _____

Applicant Demographic Worksheet

1. Ethnicity

- Hispanic/Latino
- Not Hispanic/Latino

2. Gender

- Male Female

3. Disabled

- Yes No

4. Race

- American Indian
- Alaskan Native
- Asian
- Multi-Racial

- Black/African American
- Native Pacific Islander
- Other
- Unspecified
- White

5. Marital Status

- Divorced
- Domestic Partner
- Married
- Separated

- Single
- Widowed

6. Family Type

- Grandparent Raising Child(ren)
- Single Parent/Female
- Single Parent/Male
- Single Person
- 2 or more adults
- No children
- 2 Parent Household

7. Health Insurance

- None
- Private
- VA
- Medi-Cal
- Medicaid
- Other

8. Education

- 0-8th
- 9-12th
- HS Grad/GED
- 12+
- College Grad

9. Characteristic

- Farmer
- Migrant Farmer
- Seasonal Farmer
- Veteran Family
- Military Family

10. Housing

- Rent
- Own
- Homeless

11. Need Child Support Referral

- Yes No

This Box is for Official use only

Notes: _____

Demographics: Enter the number of people in the household who are:		Enter the total <u>gross</u> monthly income for <u>all</u> people living in the household:	
Ages 0 – 2 Years		TANF / CalWorks	\$
Ages 3 - 5 years		SSI / SSP	\$
Ages 6 - 18 years		SSA / SSDI	\$
Ages 19 - 59		Paycheck(s)	\$
Ages 60 and older		Interest	\$
Disabled		Pension	\$
Native American		Other	\$
Seasonal or Migrant Farmworker		Total Monthly Income	\$

HOUSEHOLD MEMBERS					
ENTER THE INFORMATION BELOW FOR ALL HOUSEHOLD MEMBERS.					
If you have more than 7 people in your household, please list the information on a separate piece of paper.					
First Name	Last Name	Relation to Applicant	Date of Birth MM/DD/YY	Amount of Gross Monthly Income (Before Taxes and Deductions)	Source of Income
		Self			
Household Total Monthly Gross Income				\$	
Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)?				<input type="checkbox"/> Yes	<input type="checkbox"/> No

X		
	*** APPLICANT'S SIGNATURE ***	Date

Official Use Only <input type="checkbox"/> Income \$ _____ <input type="checkbox"/> Household Size _____ <input type="checkbox"/> Verify ID <input type="checkbox"/> Current water bill <input type="checkbox"/> Amount Eligible \$ _____
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