

Today's Date

**RED RIVER VALLEY COMMUNITY ACTION**  
 1013 North 5th Street, Grand Forks, ND 58203  
 Phone (701)746-5431\*Fax(701)746-0406\*Toll Free 1-800-450-1823

CLIENT INTAKE FORM

Please check  Shelter  Weatherization  Security Deposit  Self Reliance  SERC  
 All that apply:  Energy Share  Home Rehab  Emergency Services  Food Program  Other \_\_\_\_\_

**PERSONAL INFORMATION**

Social Security #	First Name	MI	Last Name	Birth Date mm/dd/yy	Gender	Disabled	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes Type:	<input type="checkbox"/> No
Race	Ethnicity	Education		Fuel Assistance	Food Stamps	Health Coverage	Veteran
<input type="checkbox"/> White <input type="checkbox"/> Multi <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Black <input type="checkbox"/> Other	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino	<input type="checkbox"/> 0 to 8th <input type="checkbox"/> 9th-12th (non-grad) Degree	<input type="checkbox"/> 12+Grade <input type="checkbox"/> College	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**INCOME INFORMATION**

Name	Pay Per Hour	Hours Per Week	Total Monthly Income	Source	Source Code
					A-Employment F-SSI/SSD B-Unemployment G-Pension C-Social Security H-General D-TANF I-Food Stamps J Other

**HOUSING INFORMATION**

Address	City	County	Zip Code	Telephone
				Home: Cell:
<b>Household Type</b>	<b>Marital Status</b>	<b>Housing Status</b>	<b>Housing Type</b>	<b>Rent/House Payment</b>
<input type="checkbox"/> Female Single Parent <input type="checkbox"/> Male Single Parent <input type="checkbox"/> Two Parent	<input type="checkbox"/> Couple <input type="checkbox"/> Single <input type="checkbox"/> Other _____	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Married	<input type="checkbox"/> Owner <input type="checkbox"/> Renter <input type="checkbox"/> Homeless w/roof <input type="checkbox"/> Homeless no roof	<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Mobile Home
Email Address: _____		Year Home was built _____		\$ _____ Rent/House Payment <input type="checkbox"/> Yes <input type="checkbox"/> No Years at residence: _____
Type of Energy Source: _____				

**ADDITIONAL HOUSEHOLD MEMBERS**

Name ( Please Print)	Social Security #	Birth Date	Age	Relation	Gender	Disabled	Race	Education	Food Stamps	Health Ins.	Veteran
2.						<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.						<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
4.						<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
5.						<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
6.						<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
7.						<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
8.						<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

**AGENCY USE ONLY**

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Program Specialist	
Entered in Tracker	
Letter Sent	

There are often many concerns that combine to affect us in our daily lives. The following checklist is a means for you to share with our Staff any areas of concern that you might have so we may assist you, either through our agency's programs or by referral to other community resources.

- Yes, I would like to receive further information by mail or phone.  
 No, thanks.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

<b>INCOME MANAGEMENT</b>
<input type="checkbox"/> Housing, please specify _____ <input type="checkbox"/> Utilities <input type="checkbox"/> Food <input type="checkbox"/> Clothing <input type="checkbox"/> Paying bills, money management <input type="checkbox"/> Weatherization <input type="checkbox"/> Furnace/Air Conditioner <input type="checkbox"/> Housing and Safety Maintenance <input type="checkbox"/> Income Tax Assistance <input type="checkbox"/> Other, please
<b>EMPLOYMENT</b>
<input type="checkbox"/> Job Retention <input type="checkbox"/> Job Interviewing <input type="checkbox"/> Resume Preparation <input type="checkbox"/> Skills Assessment <input type="checkbox"/> Child Care <input type="checkbox"/> Transportation <input type="checkbox"/> Clothing <input type="checkbox"/> Other, please specify _____

<b>HEALTHCARE</b>
<input type="checkbox"/> Medical <ul style="list-style-type: none"> <li><input type="checkbox"/> Vision</li> <li><input type="checkbox"/> Hearing</li> <li><input type="checkbox"/> Dental</li> <li><input type="checkbox"/> Prescriptions</li> <li><input type="checkbox"/> Diabetic Supplies</li> </ul>
<input type="checkbox"/> Mental Health Issues <input type="checkbox"/> Abuse Concerns <ul style="list-style-type: none"> <li><input type="checkbox"/> Alcohol/Drug</li> <li><input type="checkbox"/> Tobacco</li> <li><input type="checkbox"/> Gambling</li> <li><input type="checkbox"/> Physical</li> <li><input type="checkbox"/> Emotional</li> </ul>
<input type="checkbox"/> Family Planning <input type="checkbox"/> Safe Sex Information/Supplies <input type="checkbox"/> Other, please specify _____

<b>EDUCATION</b>
<input type="checkbox"/> School/College Enrollment <input type="checkbox"/> Training Programs <input type="checkbox"/> Adult Ed (GED, Refresher courses) <input type="checkbox"/> Applying for Student Financial Aid <input type="checkbox"/> Children's Education Issues <input type="checkbox"/> Head Start, Early Head Start, Pre-school <input type="checkbox"/> Tutoring <input type="checkbox"/> School Supplies <input type="checkbox"/> Other, please specify _____
<b>PERSONAL NEEDS</b>
<input type="checkbox"/> Parenting Issues <input type="checkbox"/> Support System/Community Involvement <input type="checkbox"/> Self Confidence/Self Esteem <input type="checkbox"/> Legal Services <input type="checkbox"/> Anger Management/Conflict Resolution <input type="checkbox"/> Communication Skills <input type="checkbox"/> Significant Loss (Spouse, Child) <input type="checkbox"/> Counseling <input type="checkbox"/> Child Car Seat <input type="checkbox"/> Other, please specify _____

Please add any additional comments on reverse side.