NCIDC CSBG CLIENT INTAKE and REGISTRATION

NCIDC 4/12

1a.Family Name

1b. Reg. Num.	2. Name Last	First	MI	SF	3. SSN	4. County	5. Intake Date

6. Home Address	Apt. Num	City	State	7. Zip Code	8. Telephone Num

9. Mailing Address (if different from Home Address)	City	State	10. Zip Code	11. Message Num

12. Sex:
☐ Male ☐ Female

13. Date of Birth

14. Ethnicity/Race -
Mark one of the following Racial groups   Mark one of the Ethnic groups

☐ Indian/Alaskan   ☐ Asian   ☐ White   ☐ Hispanic or Latino
☐ African American ☐ Hawaiian ☐ Other   ☐ Not Hispanic or Latino

15.Other Characteristics - Mark only those applicable to the Client:

☐ No Health Insurance
☐ Client is Disabled
☐ Client is a Veteran

16. Family Type - Mark one of the following Family Types which best describes the Client's current Family arrangement:

☐ Single Parent Female   ☐ Two Parent Household   ☐ Single Person
☐ Single Parent Male   ☐ Two Adults No Children   ☐ Other Family Type

17. Education - Mark Highest grade completed by Clients age 24+:

☐ 0 to 8th Grades
☐ 9th to 12th Grade - NonGraduate
☐ High School Grad or E+GED
☐ 12th plus some Post Secondary
☐ 2 or 4 Yr College Graduates

18. WIA Enrollment and Termination Data (you must also enter service data for 801 report)

Employ Date Enrolled _____
Employ Date Terminated _____
Train Date Enrolled _____
Train Date Terminated _____

Employ Termination Status
○ Positive ○ Negative
Train Termination Status
○ Positive ○ Negative

19. Housing - Mark one to indicate the description of the Client's current residence:

☐ Own Home   ☐ Homeless
☐ Rent   ☐ Other Hsing

20. Source(s) of Family Income - Mark types of income received by Household, mark "No Income" when ALL members receive "No Income":

☐ Unemp Insur   ☐ Social Security   ☐ Employ plus Other
☐ TANF   ☐ Pension   ☐ Employ Only
☐ SSI   ☐ Gen Asstance   ☐ Other

☐ No Household Income

21. Other Family Characteristics - for Clients receiving Food Stamps, Farm Families or MSFW Families

☐ Recv Food Stamp   ☐ Farmer   ☐ Migrant Farmwrkr   ☐ Seasonal Farmwrkr   ☐ Resrvtn/Rnchria Resident

22. Income Computation - List all of the Client's Family Income, exempt or not. Indicate Family Member contributing Income in row one, and the Income Source in row two.

Select Family Member >					
Select Income Source >					
Check if 12 mon. actual >	☐ Actual	☐ Actual	☐ Actual	☐ Actual	☐ Actual

Income: Uncheck "Actual" and fill in 6 months ONLY to do an **estimate** of annual income.

Est. 6mo. Income
Nonexempt Incm
Tot Exmpt Incm

23. Eligibility Guidelines and Determination Section.

Poverty Guidelines Dated: _____

Family Size	HHS Poverty Guidelines

Exempt Family Income	Non Exempt Family Income

Eligible by Income _____

Eligible due to Income Source or Target Area _____

% of Poverty _____

24. CERTIFICATION: By signing this document I am certifying that all information provided orally and on this application form is true to the best of my knowledge. I further acknowledge that this information is subject to verification and that falsification of such information shall be grounds for my termination from any program in which I am participating and may result in prosecution. If any of the information, including but not limited to income, changes after signing this form, I will promptly report such changes.

Applicant: _____ Date: _____ Staff: _____ Date: _____