

LONG BEACH COMMUNITY ACTION PARTNERSHIP

INTAKE FORM

Please print in blue or black ink



PARTICIPANT INFORMATION					
Intake Date	Last Name	First Name	Middle	Date of Birth	Gender (M/F/NB)
Race/Ethnicity	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/Afr. American <input type="checkbox"/> Latino/a <input type="checkbox"/> Native American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other				
Current Address			City		Zip
Phone Number			Email Address		

ADDITIONAL HOUSEHOLD MEMBERS					
Name (Last, First)	Relation	Age	Gender (M/F/NB)	Has Health Insurance?	Race/Ethnicity
				Yes / No	<input type="checkbox"/> Asian/ Pac Is. <input type="checkbox"/> Black/AA <input type="checkbox"/> Latino/a <input type="checkbox"/> Native Amer. <input type="checkbox"/> White/Cauc. <input type="checkbox"/> Other
				Yes / No	<input type="checkbox"/> Asian/ Pac Is. <input type="checkbox"/> Black/AA <input type="checkbox"/> Latino/a <input type="checkbox"/> Native Amer. <input type="checkbox"/> White/Cauc. <input type="checkbox"/> Other
				Yes / No	<input type="checkbox"/> Asian/ Pac Is. <input type="checkbox"/> Black/AA <input type="checkbox"/> Latino/a <input type="checkbox"/> Native Amer. <input type="checkbox"/> White/Cauc. <input type="checkbox"/> Other
				Yes / No	<input type="checkbox"/> Asian/ Pac Is. <input type="checkbox"/> Black/AA <input type="checkbox"/> Latino/a <input type="checkbox"/> Native Amer. <input type="checkbox"/> White/Cauc. <input type="checkbox"/> Other
				Yes / No	<input type="checkbox"/> Asian/ Pac Is. <input type="checkbox"/> Black/AA <input type="checkbox"/> Latino/a <input type="checkbox"/> Native Amer. <input type="checkbox"/> White/Cauc. <input type="checkbox"/> Other
				Yes / No	<input type="checkbox"/> Asian/ Pac Is. <input type="checkbox"/> Black/AA <input type="checkbox"/> Latino/a <input type="checkbox"/> Native Amer. <input type="checkbox"/> White/Cauc. <input type="checkbox"/> Other

ADDITIONAL DEMOGRAPHICS QUESTIONS	
Number of people in the household who are	<input type="checkbox"/> Disabled <input type="checkbox"/> Active Military <input type="checkbox"/> Veteran
Housing Status	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless
Family Type	<input type="checkbox"/> Two-parent household <input type="checkbox"/> Single-Parent Household <input type="checkbox"/> Foster Youth <input type="checkbox"/> Other
<p><i>I certify that the above information is true and correct to the best of my knowledge. I understand that it is my responsibility to obtain and present documentation verifying my income, residency and reimbursable expenses. I allow release of this information for verification purposes and understand that it will be used for case management, referrals, and follow-ups as required. I am aware that misrepresentation or falsification will lead to my immediate denial of services, I may be prosecuted for fraud or perjury and that action may be taken against me to recover any funds expended on my behalf while participating in this program.</i></p>	
Parent or Applicant (if age 18+) Signature	Date

OFFICE USE ONLY		
A. Income Verification <input type="checkbox"/> Pay stub <input type="checkbox"/> EDD printout <input type="checkbox"/> Social Security statement <input type="checkbox"/> DPSS benefit printout <input type="checkbox"/> EBT card <input type="checkbox"/> Employer letter <input type="checkbox"/> Affidavit of Income	B. Eligibility Number in HH = _____ Gross Monthly Income = _____ 200% of FPG = _____	C. Intake Review Review Date _____ Application Status _____ Initials of Reviewer _____
Additional Reviewer Comments:		