

SOUTHWEST ARKANSAS DEVELOPMENT COUNCIL, INC.

**CLIENT INTAKE
(Case Management)**

CASE # _____ SS# _____ DATE _____

Head of Household _____

Race White Black Hispanic American Indian Asian Other _____

Mailing Address:

Street _____

City _____

County _____

Residential address same as above? Yes No

Residential Address: (if different from above)

Street _____

City _____

County _____

Home Telephone: _____

Work Telephone: _____

Other Telephone: _____

Household Type: ___ Single Parent – Female
___ Single Parent – Male
___ Two Parent Household
___ Single Person
___ Two Adults – No Children
___ Other

Housing Type: ___ Own
___ Rent
___ Homeless
___ Other

CIRCLE ONE:

Farmer Migrant Farm-Worker Seasonal Farm-Worker Other

Has any weatherization been received in the past? YES NO

If yes, when? _____

Number of members in the family: _____

Propane Vendor: _____

___ Heat ___ Cool ___ Both ___ None

Other Energy Sources: _____

Fuel Type: ___ Wood ___ Kerosene ___ Other

Type of Air Conditioning used:

___ Window Unit ___ Evaporative Cooler

___ Central Unit ___ None

Type of Heaters used:

___ Wall Furnace ___ Electric Heaters ___ Fireplace ___ Wood Burning Stove

INFORMATION ON FAMILY MEMBERS:

First name: _____ Middle ___ Last name: _____

Date of Birth: _____ Age: _____ Social Security # _____

Race: _____ Ethnicity: _____ (Hispanic/Latino or not)

Sex: ___ Female ___ Male

First Income: _____ per _____ Source: _____

Second Income: _____ per _____ Source: _____

Education: ___ 0-8 ___ 9-12 non-grad ___ High School Grad/GED
 ___ 12+ (some post secondary) ___ 2 or 4 year college grad

Do you have Health Insurance? Yes ___ No ___ Are you disabled? Yes ___ No ___

FAMILY MEMBER #2

First name: _____ Middle ___ Last name: _____

Date of Birth: _____ Age: _____ Social Security # _____

Race: _____ Ethnicity: _____ (Hispanic/Latino or not)

Sex: ___ Female ___ Male

First Income: _____ per _____ Source: _____

Second Income: _____ per _____ Source: _____

Education: ___ 0-8 ___ 9-12 non-grad ___ High School Grad/GED
 ___ 12+ (some post secondary) ___ 2 or 4 year college grad

Do you have Health Insurance? Yes ___ No ___ Are you disabled? Yes ___ No ___

DESCRIBE BELOW MEANS USED TO VERIFY INCOME:

Client Signature

Date

Case Manager Signature

Date

