



Date: _____

Intake Person: _____

Program Intake Form

Name _____ Gender: M/ F/O Birthdate: _____

Address: _____

City _____ State _____ Zip Code _____

Telephone: _____

Proof of Identification (*Circle One*): (Driv Lic, ID, Soc Sec) Other _____

Proof of Address: Xcel bill; phone bill; water bill; Other: _____

Language Spoken: English/Spanish/Other (*Please Specify*) _____

Ethnicity (*Circle One*): Hispanic; American Indian; Asian; African American; White; Other _____

Number of Adults **living in home**: _____ Number of Children (under 18) **living in home**: _____

(Please list names, birthdates, ages and ethnicity of all in household.)

	Name:	Relationship:	Age:	Ethnicity:
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

Signature: _____