Delaware Opportunities Inc. Agency Intake Form

PLEASE PRINT ALL AREAS NEATLY AND LEGIBLY

Please complete <u>the front and back</u> of this form to the best of your knowledge; all information provided is strictly confidential and may be shared with other programs at Delaware Opportunities Inc. with your signed consent.

Applicant signature: _____

Staff signature if unable to obtain a signature and verbal consent was obtained: _____

Program: _____   Date of visit: _____   Service site: _____

Social security number: _____-_____-_____

First name: _____ MI: _____ Last name: _____ DOB: _____

Mailing address:

_____
House number Apt #   Street   City   State   Zip Code   Town

Physical address:

_____
House number Apt #   Street   City   State   Zip Code   Town

County: _____

Best way to reach you: (circle one)   email   mail   home phone   cell phone   message phone/other

home phone number: _____   cell phone number: _____

email address: _____   message phone/other/social media name: _____

Household type, check one:

☐ multigenerational   ☐ other ☐ single parent female   ☐ single parent male   ☐ single person only   ☐ two adults only   ☐ two parent ☐ unrelated adult ☐ unrelated adults with child ☐ unspecified

Housing situation, check one:

☐ homeless   ☐ other ☐ other permanent housing   ☐ own ☐ own mobile home   ☐ own multifamily   ☐ rent ☐ temp stable ☐ temp unstable

Information regarding gender, education, or disability is collected for statistical information only. This information will not be used to determine eligibility. Some of this information is requested by the Federal Government in order to monitor laws prohibiting discrimination against those seeking services. You are not required to furnish this information, but you are encouraged to do so.

For office use only:

_____ Initials of staff that entered data into Captain/central intake _____ date

_____ Initials of staff that entered data into program intake _____ date

_____ Initials of staff that returned intake to program _____ date

Social security number	First Name	Middle Initial	Last Name	Date of Birth	Gender: Male (M) Female (F) Transgender (T) Unspecified (U)	Pregnant: Y or N	Marital status: see codes	Relation to applicant; see	Ethnicity: Hispanic: Y or N	Race: see codes below	Education: see codes below	Health Insurance: see codes	Veteran: Y or N (If Active; A)	Disabled: Y or N	Work status: See codes	Farmer: Y or N	Disconnected youth: see	Benefits received by participant (see codes below)
APPLICANT from front page	JOHN	J	SMITH	01/01/2010	M	N	A	A	Y	E	E	H	Y	N	B	N	F	D, C

Marital Status	Relation to Applicant	Race	Education	Insurance	Work status	Disconnected Youth	Benefits received by participant
A. Single **B.** Married **C.** Widowed **D.** Separated **E.** Divorced **F.** Other **G.** Unspecified	A. Applicant B. Mother **C.** Mother figure **D.** Father **E.** Father figure **F.** Child **G.** Sister **H.** Brother **I.** Guardian **J.** Friend **K.** Spouse **L.** Grandparent **M.** Foster parent **N.** Foster child **O.** Grandchild **P.** Other **Q.** Other related **Q.** Relative **R.** Partner **S.** Stepfather **T.** Stepmother	**A.** Native American **B.** Asian **C.** Caucasian/White **D.** African American/Black **E.** Bi-Racial/Multi Racial **F.** Hawaiian/Pacific Islander **G.** Other_____ **H.** Unknown/not reported	**A**. 0-8 **B.** 9-12 Non-grad **C.** High School grad **D.** GED **E.** 12+ some college **F.** 2 yr. college grad **G.** 4 yr. college grad **H.** Vocational **U.** Unspecified	**P.** Private **A.** Medicare **H.** Medicaid/Fidelis **E.** Employment Based **M.** Military **C.** Child Health Plus **N.** None **U.** Unspecified	**A.** Full time **B.** Part time **C.** Retired **D.** Unemployed short term 6 months or less **E.** Unemployed long term over **6** months **F.** Unemployed/not in labor force **G.** Unknown/not reported	**A.** In School/Not Working **B.** In school/Working **C.** Not in school/Not Working **D.** Over 24 **E.** Unknown/Not Reported **F.** Working/Not in school	**I.** Affordable care act/Marketplace **H.** Child care voucher/day care subsidy **D.** Housing choice voucher/Section 8 **C.** HEAP **N.** None **J.** Other **A.** SNAP/food stamps **K.** Unknown/not reported **B.** WIC **U.** Unknown/not reported

Delaware Opportunities Income Eligibility Worksheet

Last Name: _____ First Name: _____MI:_____

Street: _____City/Town: _____

State: _____ Zip Code: _____

<mark>List only ONE income source per line. If a HH member has more than one source of income, ie: wages and child support, use a separate line for each income type.</mark>

Household member (including self)	Income source from chart below	Monthly Amount	Notes (if needed)

Source of Income

A. Alimony
B. Child Support
C. None
D. Other
E. Pension
F. Private Disability
G. Public Assistance/TANF
H. Rental Income
I. Self-employed

J. Social Security
K. SSDI
L. SSI
M. Unemployment Insurance
N. Unspecified
O. Veterans benefits
P. Wages
Q. Workman's Compensation
R. Not reported