Calcasieu Parish Police Jury Human Services Department

Client Intake Form

_____/_____/_______ **1**. Application Date	_______________ **2**. First Name (use complete name)	_______________ **3**. Last Name (use complete name)	**4.** Sex: Male ☐ Female ☐ Age: _______

_____/_____/_______ **5**.. Date of Birth	(____)_____/________ Telephone Number	_______________ Address
_____-____-_________ **6**. Social Security Number	(____)_____/________ Cell Number	_______________ City _________ State __________ Zip Code

☐ Alimony	Amount $	☐ Bi -Monthly	☐ Bi- Weekly	☐ Monthly	☐ One-time	☐ Twice a Month	☐ Weekly
☐ Child Support	Amount $	☐ Bi -Monthly	☐ Bi- Weekly	☐ Monthly	☐ One-time	☐ Twice a Month	☐ Weekly
☐ Contribution	Amount $	☐ Bi -Monthly	☐ Bi- Weekly	☐ Monthly	☐ One-time	☐ Twice a Month	☐ Weekly
☐ FI TAP	Amount $	☐ Bi -Monthly	☐ Bi- Weekly	☐ Monthly	☐ One-time	☐ Twice a Month	☐ Weekly
☐ Interest	Amount $	☐ Bi -Monthly	☐ Bi- Weekly	☐ Monthly	☐ One-time	☐ Twice a Month	☐ Weekly
☐ Other	Amount $	☐ Bi -Monthly	☐ Bi- Weekly	☐ Monthly	☐ One-time	☐ Twice a Month	☐ Weekly
☐ Paychecks (s)	Amount $	☐ Bi -Monthly	☐ Bi- Weekly	☐ Monthly	☐ One-time	☐ Twice a Month	☐ Weekly
☐ Paychecks (s) / SSI	Amount $	☐ Bi -Monthly	☐ Bi- Weekly	☐ Monthly	☐ One-time	☐ Twice a Month	☐ Weekly
☐ Pension	Amount $	☐ Bi -Monthly	☐ Bi- Weekly	☐ Monthly	☐ One-time	☐ Twice a Month	☐ Weekly
☐ Pension / SS / SST	Amount $	☐ Bi -Monthly	☐ Bi- Weekly	☐ Monthly	☐ One-time	☐ Twice a Month	☐ Weekly
☐ SNAP	Amount $	☐ Bi -Monthly	☐ Bi- Weekly	☐ Monthly	☐ One-time	☐ Twice a Month	☐ Weekly
☐ SSI / SS	Amount $	☐ Bi -Monthly	☐ Bi- Weekly	☐ Monthly	☐ One-time	☐ Twice a Month	☐ Weekly
☐ Unemployment	Amount $	☐ Bi -Monthly	☐ Bi- Weekly	☐ Monthly	☐ One-time	☐ Twice a Month	☐ Weekly
☐ Veteran' Payment	Amount $	☐ Bi -Monthly	☐ Bi- Weekly	☐ Monthly	☐ One-time	☐ Twice a Month	☐ Weekly
☐ Worker's Compensation	Amount $	☐ Bi -Monthly	☐ Bi- Weekly	☐ Monthly	☐ One-time	☐ Twice a Month	☐ Weekly

10. Education (Grade Completed)
- ☐a.) 0-8
- ☐b.) 12+ some Post-Secondary
- ☐c.) 2 or 4 years College
- ☐d.) 9-12 / Non-Graduate
- ☐e.) GED
- ☐f.) High School Graduate
- ☐g.)Unspecified

11. Ethnic Characteristic
- ☐a.) American Indian
- ☐b.) Asian
- ☐c.) Bi-Racial / Multi-Racial
- ☐a.) Black / African-American
- ☐d.) Native Hawaiian or Other Pacific Islander
- ☐e.) Other
- ☐f.) Unspecified
- ☐g.) White

12. Health Insurance
- ☐ None
- ☐ Private
- ☐ VA
- ☐ Medicare
- ☐ Medicaid
- ☐ Other

13. Family
- ☐ Extended Family
- ☐ Grandparent Raising Grandchild
- ☐ Mixed Adults with Children
- ☐ Other
- ☐ Single Parent (Female
- ☐ Single Parent (Male)
- ☐ Single Person
- ☐ Two or more adults (No Children)
- ☐ Two Parent Household
- ☐ Unspecified

14. Residence
- ☐ Homeless
- ☐ Other
- ☐ Temporary Quarters
- ☐ Unspecified
- ☐ Own
- ☐ Rent

15. Household Characteristics (mark **all** that apply)
- ☐ At-risk - Disconnection
- ☐ Child Home Day Care Provider
- ☐ Citizen Corp Grant
- ☐ Crisis
- ☐ Medicaid
- ☐ Medicare
- ☐ No Insurance
- ☐ Resident of the area
- ☐ Retired Senior

Please list ALL household members on back of form

16. List **All** Household Members:

1. First Name	Last Name	Relationship	Gender	Birthday
			M F	
Social Security No:	___ ___			

Education (Grade Completed)	**Ethnic Characteristic**	**Health Insurance**
☐a.) 0-8 ☐e.) GED ☐b.) 12+ some Post-Secondary ☐f.) High School Graduate ☐c.) 2 or 4 years College ☐g.)Unspecified ☐d.) 9-12 / Non-Graduate	☐a.) American Indian ☐d.) Native Hawaiian or Other Pacific Islander ☐b.) Asian ☐e.) Other ☐c.) Bi-Racial / Multi-Racial ☐f.) Unspecified ☐a.) Black / African-American ☐g.) White	☐ None ☐ Private ☐ VA ☐ Medicare ☐ Medicaid ☐ Other

2. First Name	Last Name	Relationship	Gender	Birthday
			M F	
Social Security No:	___ ___			

Education (Grade Completed)	**Ethnic Characteristic**	**Health Insurance**
☐a.) 0-8 ☐e.) GED ☐b.) 12+ some Post-Secondary ☐f.) High School Graduate ☐c.) 2 or 4 years College ☐g.)Unspecified ☐d.) 9-12 / Non-Graduate	☐a.) American Indian ☐d.) Native Hawaiian or Other Pacific Islander ☐b.) Asian ☐e.) Other ☐c.) Bi-Racial / Multi-Racial ☐f.) Unspecified ☐a.) Black / African-American ☐g.) White	☐ None ☐ Private ☐ VA ☐ Medicare ☐ Medicaid ☐ Other

3. First Name	Last Name	Relationship	Gender	Birthday
			M F	
Social Security No:	___ ___			

Education (Grade Completed)	**Ethnic Characteristic**	**Health Insurance**
☐a.) 0-8 ☐e.) GED ☐b.) 12+ some Post-Secondary ☐f.) High School Graduate ☐c.) 2 or 4 years College ☐g.)Unspecified ☐d.) 9-12 / Non-Graduate	☐a.) American Indian ☐d.) Native Hawaiian or Other Pacific Islander ☐b.) Asian ☐e.) Other ☐c.) Bi-Racial / Multi-Racial ☐f.) Unspecified ☐a.) Black / African-American ☐g.) White	☐ None ☐ Private ☐ VA ☐ Medicare ☐ Medicaid ☐ Other

4. First Name	Last Name	Relationship	Gender	Birthday
			M F	
Social Security No:	___ ___			

Education (Grade Completed)	**Ethnic Characteristic**	**Health Insurance**
☐a.) 0-8 ☐e.) GED ☐b.) 12+ some Post-Secondary ☐f.) High School Graduate ☐c.) 2 or 4 years College ☐g.)Unspecified ☐d.) 9-12 / Non-Graduate	☐a.) American Indian ☐d.) Native Hawaiian or Other Pacific Islander ☐b.) Asian ☐e.) Other ☐c.) Bi-Racial / Multi-Racial ☐f.) Unspecified ☐a.) Black / African-American ☐g.) White	☐ None ☐ Private ☐ VA ☐ Medicare ☐ Medicaid ☐ Other

5. First Name	Last Name	Relationship	Gender	Birthday
			M F	
Social Security No:	___ ___			

Education (Grade Completed)	**Ethnic Characteristic**	**Health Insurance**
☐a.) 0-8 ☐e.) GED ☐b.) 12+ some Post-Secondary ☐f.) High School Graduate ☐c.) 2 or 4 years College ☐g.)Unspecified ☐d.) 9-12 / Non-Graduate	☐a.) American Indian ☐d.) Native Hawaiian or Other Pacific Islander ☐b.) Asian ☐e.) Other ☐c.) Bi-Racial / Multi-Racial ☐f.) Unspecified ☐a.) Black / African-American ☐g.) White	☐ None ☐ Private ☐ VA ☐ Medicare ☐ Medicaid ☐ Other

6. First Name	Last Name	Relationship	Gender	Birthday
			M F	
Social Security No:	___ ___			

Education (Grade Completed)	**Ethnic Characteristic**	**Health Insurance**
☐a.) 0-8 ☐e.) GED ☐b.) 12+ some Post-Secondary ☐f.) High School Graduate ☐c.) 2 or 4 years College ☐g.)Unspecified ☐d.) 9-12 / Non-Graduate	☐a.) American Indian ☐d.) Native Hawaiian or Other Pacific Islander ☐b.) Asian ☐e.) Other ☐c.) Bi-Racial / Multi-Racial ☐f.) Unspecified ☐a.) Black / African-American ☐g.) White	☐ None ☐ Private ☐ VA ☐ Medicare ☐ Medicaid ☐ Other

I certify the above information is correct to the best of my knowledge. I am aware that the incorrect or false information may result in my termination from the program, repayment of funds, and/or prosecution for perjury or fraud.

I have been advised of the Child Support Act and have received a referral to Child Support Enforcement Services.

______________________________ _____/_____/_______ ___________________________ _____/_____/______

Applicant's Signature Date Interviewer's Signature Date

STATEMENT REGARDING ZERO INCOME

Date: ____

I, (Full Name) ______________________________________, (SSN) ________-__________-_________

do hereby certify that I am unemployed and have no income for the following reason: (check appropriate reason(s)

____ Laid off. Enter month and year of last date worked______________________

_____The job I had was seasonal and has ended

_____I am unable to find employment

_____I have been or am, (circle one) sick/injured and unable to return to work.

_____I expect to return to work by (month/year) ______________________

_____I have small children and no one to care for them except me

_____My only source of income is from______________________________

_____I am no longer eligible for Unemployment Benefits

_____I received assistance from the La. Dept. of Social Services (circle all that apply)

Food Stamps, TANF funds, OTHER: __________________________________

____

____

____

I understand that if I knowingly give incomplete, inaccurate, or incorrect information I am subject to criminal prosecution under Title 18 of the U.S. Code.

Signature: _______________________________ _______________________________

Customer Signature Agency Representative

Revised: Oct. 2017
PDA