



1. Intake Summary

Intake Date MM / DD / YYYY

Intake Staff Name

Program Name

Client ID (Computer Generated)

2. Basic Client Profile

First Name MI Last Name Suffix

Address Zip Phone

Form with fields for SS#, Date of Birth, SS Quality, Gender, Ethnicity, Race, Veteran Status, Disabling Condition, Residence Prior to Program Entry, Length of Stay in Previous Residence, Housing Status, and Target Population.

HPRP Intake Form

Zip Code of Last Perm. Residence	<hr style="border: none; border-top: 1px solid black;"/>	Zip Code Type	<input type="checkbox"/> Full or Partial Zip Code <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
Income::			
Income Received from Any Source in Last 30 Days	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	Non-Cash Benefits Received in Last 30 Days	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
Monthly Income	<input type="checkbox"/> A Veterans' Disability Payment <input type="checkbox"/> Alimony or Other Spousal Support <input type="checkbox"/> Child Support <input type="checkbox"/> Earned Income <input type="checkbox"/> General Assistance <input type="checkbox"/> No Financial Resources <input type="checkbox"/> Other <input type="checkbox"/> Pension from a Former Job <input type="checkbox"/> Private Disability Insurance <input type="checkbox"/> Retirement Income from Social Security <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> TANF <input type="checkbox"/> Unemployment Income <input type="checkbox"/> Veteran's Pension <input type="checkbox"/> Worker's Compensation	Non-Cash Benefits	<input type="checkbox"/> Supplemental Nutritional Assistance Program (Food Stamps) <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> SCHIP <input type="checkbox"/> Special Supplementation Nutritional Program for WIC <input type="checkbox"/> VA Medical Services <input type="checkbox"/> TANF Child Care Services <input type="checkbox"/> TANF Transportation Services <input type="checkbox"/> Other TANF-Funded Services <input type="checkbox"/> Section 8, Public Housing, or other ongoing rental assistance <input type="checkbox"/> Other Source <input type="checkbox"/> Temporary Rental Assistance
Assets::			
Asset Type	<input type="checkbox"/> Cash \$ _____ Description _____ <input type="checkbox"/> Automobile \$ _____ Description _____ <input type="checkbox"/> Home \$ _____ Description _____ <input type="checkbox"/> Investment \$ _____ Description _____		