

<b>Staff</b>	ATCAA Program:
<b>Use:</b>	Intake Date:
	Child Support Referral Made <input type="checkbox"/>

**Client's Information**

**Service you are applying for today:** \_\_\_\_\_

First Name	Middle	Last Name	Suffix
Date of Birth (mm/dd/yyyy)	SSN (last 4 digits only) <input type="checkbox"/> Unknown - - <input type="checkbox"/> Decline to State	Gender (please circle one) F=Female M=Male O=Other	
Age : <input type="checkbox"/> 0-5 <input type="checkbox"/> 6-13 <input type="checkbox"/> <b>14-17</b> <input type="checkbox"/> <b>18-24</b> <input type="checkbox"/> 25-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-59 <input type="checkbox"/> 60-64 <input type="checkbox"/> 65-74 <input type="checkbox"/> 75+			
Ethnicity: <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> <b>Non-Hispanic</b> , Latino or Spanish Origins			
Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other <input type="checkbox"/> Multi-race (two or more of the above)			
Primary Language spoken at home: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other			
Additional languages spoken: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other			

**Address**

Street Address	Apartment Number
City, CA	Zip Code
Mailing Address (if different from above)	
City, CA	Zip Code
Email Address	Home Phone Number
Cell Phone	Message Phone

**Program Entry**

Program Name
Household Type: <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults No Children <input type="checkbox"/> Single Parent, Female <input type="checkbox"/> Single Parent, Male <input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Non-related Adults with Children <input type="checkbox"/> Multigenerational <input type="checkbox"/> Other
Household Size: <input type="checkbox"/> Single Person <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four <input type="checkbox"/> Five <input type="checkbox"/> Six or more

**Client Information**

Do you have a disabling condition? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Decline to State
Type of health Insurance? <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Employment based <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Military Health Care <input type="checkbox"/> State Children's Health Insurance <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Uninsured
Military Status? <input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> Neither Active Military or Veteran
Housing Type: <input type="checkbox"/> Own <input type="checkbox"/> Rent/No Subsidy <input type="checkbox"/> Rent/Subsidized Housing <input type="checkbox"/> Other Permanent Housing <input type="checkbox"/> Homeless <input type="checkbox"/> Other
Education Level (Ages 25+): <input type="checkbox"/> 0-8 Grade <input type="checkbox"/> 9-12 Grade/Non-graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> 12+ Some College <input type="checkbox"/> 2 or 4 Year College Graduate <input type="checkbox"/> Graduate of other post-secondary
Education Level (Ages 14-24): <input type="checkbox"/> 0-8 Grade <input type="checkbox"/> 9-12 Grade/Non-graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> 12+ Some College <input type="checkbox"/> 2 or 4 Year College Graduate <input type="checkbox"/> Graduate of other post-secondary
Employment: <input type="checkbox"/> Employed Full-time <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Full/Part-Time Student <input type="checkbox"/> Retired <input type="checkbox"/> Short Term Unemployed (6 months or less) <input type="checkbox"/> Long Term Unemployed (more than 6 months) <input type="checkbox"/> Not in labor force <input type="checkbox"/> Farm Worker <input type="checkbox"/> Migrant Farm Worker <input type="checkbox"/> Seasonal Farm Worker
<b>Are you the custodial parent/guardian of a child/children?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**WHOLE household income**

Has the household received income in the last 30 days?  Yes  No

SOURCES OF INCOME			
	Yes	No	Amount
Income from <b>Employment Only</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
TANF	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Supplemental Security Income (SSI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Social Security Disability Insurance (SSDI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
VA Service-Connected Disability Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
VA Non-Service Connected Disability Pension	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Private Disability Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Workers Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Retirement Income from Social Security	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Pension	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Child Support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Alimony or Other Spousal Support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Unemployment Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
EITC	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
General Assistance/Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Total Income</b>			
<b>NON-CASH BENEFITS</b> received in the last 30 days?			
Food Stamps / Supplemental Nutritional Assistance Program (SNAP)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
WIC	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
LIHEAP	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Housing Choice Voucher	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Public Housing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Permanent Supportive Housing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
HUD-VASH	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Childcare Voucher	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Affordable Care Act Subsidy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

TOTAL SOURCES OF INCOME	
<input type="checkbox"/> Income from Employment ONLY	
<input type="checkbox"/> Income from Employment + Other Income Source	
<input type="checkbox"/> Income from Employment + Other Income Source + Non-Cash Benefits	
<input type="checkbox"/> Income from Employment + Non-Cash Benefits	
<input type="checkbox"/> Other income source ONLY	
<input type="checkbox"/> Other income source + Non-Cash Benefits	
<input type="checkbox"/> Non-Cash benefits ONLY	
<input type="checkbox"/> No Income	

Would you be willing to volunteer?  Yes  No  Not able to at this time

I acknowledge that the information that I have provided is true and correct and I understand my name and other identifying information will not be shared with any agency outside of ATCAA, unless required to do so by law.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*No person shall be discriminated against in participating, due to age, sex, color, religion, gender, marital status, ancestry, medical condition, physical or mental disability, citizenship or any other consideration made unlawful by state, federal or local laws.*

For additional ATCAA services/programs please inquire within or view our website at [www.atcaa.org](http://www.atcaa.org). We can be reached at 223-1485 in Amador County or 533-1397 in Tuolumne County for more information