

## Sample Simple Intake Form

### Name Service

*Dear Participant: By providing the information requested below, you will help us to demonstrate the effectiveness of the services we provide and enable us to obtain future funding to continue to provide you with services and support. This information is strictly confidential.*

Last Name: <input style="width: 100%; height: 20px;" type="text"/>	First Name: <input style="width: 100%; height: 20px;" type="text"/>	Mid Init <input style="width: 20px; height: 20px;" type="text"/>
Address: <input style="width: 100%; height: 20px;" type="text"/>		County <input style="width: 20px; height: 20px;" type="text"/>
City: <input style="width: 100%; height: 20px;" type="text"/>	St: <input style="width: 20px; height: 20px;" type="text"/>	Zip + 4: <input style="width: 100%; height: 20px;" type="text"/>
Phone: ( <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> ) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/>	Gender: <input type="radio"/> Male <input type="radio"/> Female	Ethnicity <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino
DOB: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/>		
Race: <input type="radio"/> American Indian/ Alaskan Native <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> Asian <input type="radio"/> Other Race <input type="radio"/> Black <input type="radio"/> 2 or More Races <input type="radio"/> White		
Living Arrangement: <input type="radio"/> 1=Alone, <input type="radio"/> 2=With Spouse only, <input type="radio"/> 3=With relatives, <input type="radio"/> 4=With non-relatives, <input type="radio"/> 5=With Spouse and others, <input type="radio"/> 6=Others  Number of People in Household: _____  Annual Household Income: _____		

**Determine Income Status (Staff Use Only)**

- **Poverty Status is determined by household size and household income**

*If Annual Household Income is not answered, please use the following table to determine the income status –*

*For example, for two people household, ask- is your household income less than \$16,020 a year, if answer is yes, both 100% and 150% check Yes; If answer is no, ask - is your household income less than \$ 24,030 a year– If answer is yes, 100% check No, 150% check Yes*

Income Status: (Below Poverty Level) **100%**  Yes  No

**150%**  Yes  No

Household size	2016 Poverty Income Guidelines	
	100%	150%
1	\$11,880	\$17,820
2	<b>\$16,020</b>	<b>\$24,030</b>
3	\$20,160	\$30,240
4	\$24,330	\$36,450

For each additional family member at 100%, add: \$4,160

For each additional family member at 150%, add: \$6,210