

GALAVAN APPLICANT INTAKE FORM

Your answers to these questions do not affect your eligibility criteria for Galavan services. This data is collected for HRDC's internal statistics and reporting to funding sources. Your thoroughness is greatly appreciated!

Name _____ Date _____
Phone _____ SSN _____ DOB _____
Street Address _____ Zip _____
Mailing Address _____ Zip _____
Emergency Contact/Phone _____

Gender: M F Hispanic/Latino: Y N Veteran: Y N Disabled: Y N
Race: White American Indian/Native Alaskan Black/African American Asian
 Native Hawaiian/Other Pacific Islander Biracial/Multi-racial Other
Health Insurance: Medicaid Medicare Private None

Do you use a:
<input type="checkbox"/> power chair
<input type="checkbox"/> wheelchair
<input type="checkbox"/> walker

Marital Status *Please select the option that best describes your marital status:*
 Single Domestic partner Married Separated Divorced Widowed

Family Type *Please select the option that best describes your family:*
 Single person Single parent – female Single parent – male
 Two parent household Two or more adults (no children) Grandparent(s) raising child(ren)
 Mixed adults with children Extended family Other

Income Estimated gross household income: \$ _____ / week month year (check one)

Employment Are you employed? Yes No Retired Unable to work (disabled receiving SSI/SSD)
IF **NO**, do you have a positive work history and/or skills? Yes No
If **Yes**, are you employed Full-time (32+ hrs/wk) Part-time
If **Yes**, is your hourly wage Minimum Wage above Minimum Wage
If **Yes**, does your employer provide benefits? Yes No

Housing Status *Please select the option that best describes your current living situation:*
 Homeless Substandard or unsafe housing Living with relatives or friends (temporary)
 Home ownership Emergency/temporary shelter _____ Transitional housing _____
 Subsidized unaffordable rental (facing eviction?) **Non-Subsidized** unaffordable rental (facing eviction?)
 Unaffordable home (facing foreclosure?) **Subsidized** safe/secure housing **Non-Subsidized** safe/secure housing
In addition.... Are you using a **Section 8 Voucher** to pay rent?

Education Level *Please select your highest level of education:*
 None 1st-8th 9th-12th non-graduate GED HS diploma Vocational / certificate training / some college
 College – Associates or Bachelors College – Masters or Doctorate

Transportation *Please select the option that best describes your access to transportation:*
 No vehicle or access to public transportation Rarely have transportation needs met
 Some transportation needs are met Most transportation needs are met Transportation needs are always met

Childcare *Please select the option that best describes your childcare situation:* Not applicable
Child/Children...
 enrolled in *unlicensed* childcare not enrolled in any childcare on waiting list for childcare
 provided childcare by family/friend enrolled in licensed *subsidized* childcare – *limited choice*
 enrolled in licensed *subsidized* childcare – *of own choice* enrolled in licensed *non-subsidized* childcare – *of own choice*

I authorize HRDC IX, Inc. to enter the information contained on this application in electronic database(s) for purposes of tracking services provided to my household, and reporting to federal, state, or other funding sources.

Signature

Date

Intake by phone Intake completed by: _____ Client ID # _____ Head of Household CAP#0 v3_07182013