

Applicant Name (First, MI, Last):

Applicant Social Security Number:

Address:

City, State, Zip, County:

Daytime Phone:

Emergency Phone:

Date of Birth:

Primary Language:

Household Type:	Single Parent / Female
Two-Parent	Single Parent / Male
Single-Person	Two Adults / No Children
Other	Unknown
Total Household Income:	

Race:	American Indian
Alaskan Native	Asian
African American	Hawaiian / Pacific Islander
White	Multi-Racial
Other	Unspecified

Gender:	M	F
Ethnicity:	Hispanic	Non-Hispanic
Health Insurance:	Yes	No
Veteran:	Yes	No
Disabled:	Yes	No
Valid Driver's License:	Yes	No
Registered Voter:	Yes	No

For Agency Use Only		
Application Type:	Initial Intake	Update or Revision
Accepted by:		Date and Time
Entry by:		Date and Time



Basic Intake Form

complete this form using the Basic Intake Form Code Sheet.

Name (First, Middle Initial, Last)	Social Security Number	Date of Birth	Relation to Applicant	Ethnicity	Race	Gender (M/F)	Education Level Completed	Marital Status	Health Insurance (Y/N)	Veteran (Y/N)	Disabled (Y/N)	Driver's License (Y/N)	Reg Vote (Y/N)

applicable, Non-Custodial Parent's Name and Address: _____

anyone lives with you who is not listed above, give names: _____

anyone plans to live with you in the future who is not listed above, give names: _____

related to any employee of SEK-CAP, Inc., give the name of relative: _____

the head of household disabled? Yes No

Identify any need for reasonable accommodations of disability: _____

I have provided the information voluntarily and understand that it will be used: 1) to aid in determining eligibility for SEK-CAP, Inc. programs; 2) to report non-identifiable demographic information required by funders; and 3) to comply with central data system reporting. It may be made known to other persons in pursuit of these ends. It will be kept confidential pursuant to the Privacy Act of 1974, as amended, subject to the limits set out above. I certify that the information provided hereon and on other SEK-CAP, Inc. application documents is correct and complete and understand that any false statements could result in the denial of services.

Signature: _____

Date and Time: _____