

Joi's Angels

Date of Intake _____ Intake worker _____ Primary Contact full name _____

Household Information

Housing Status _____ Family Type _____ Program / Service requested _____
 Own, Rent, Homeless, Other Permanent, Other Single person, 2 Adults (no kids), Single Parent (Female), Single Parent (Male), 2 Parent HH, Nonrelated Adults w/ kids, Multi-generation, Other

Physical Address

Date moved in (approximate) _____

Address1 _____ Address2 _____ Zipcode _____ City _____ State _____

Mailing Address

Date moved in (approximate) _____

Address1 _____ Address2 _____ Zipcode _____ City _____ State _____

Primary Contact Information

Phone(s): _____

E-mail: _____

First Name _____ Middle Name _____ Last Name _____ Suffix _____

SS# _____ DOB _____ Estimated? Y _____ Gender _____ Race (can list more than one) _____

Ethnicity: Hispanic Non-Hispanic / Not Latino Marital Status: Married Single Sep. Div. Widowed Unk
 (Adult only)

Languages: _____ Disability: Disabled Not Disabled

(can list more than one)

- Health Ins:
- No Health Insurance
 - Ins-Direct Purch (exchange,etc)
 - Ins-Employment Based
 - Ins-Medicare
 - Ins-Military Health Care
 - Ins-State Children's
 - Ins-State Health Ins Adults

Highest Educ: _____
 (over 14 yrs old)

- Veteran Status: _____
 (Adult only)
- Active Duty
 - Not Veteran
 - Veteran
 - Not Asked
 - Refused

Employment: _____
 (Adult only)

- Empl-Full Time (inc. self employment)
- Empl-Part Time (incl multiple)
- Migrant Seas. Farm Wk
- School/Job Training
- Not in Labor Force/not seeking wk
- Unempl (< 6 mos)
- Unempl (> 6 mos)
- Retired

PROGRAMS OR SERVICES REQUESTED

Food/ Groceries _____ Prepared Meals _____ Toiletries _____ Gift Card _____
 Emergency Clothing _____ Referrals _____ Legal Assistance Referral _____ Photo ID _____
 Birth Certificate _____ SS Card _____ Transportation Assistance _____
 Back to School Supplies _____ Diapers _____ Size# _____ # of Diapered Children _____
 Baby Formula _____ Type _____
 Rental Assistance _____ Furniture _____ Utility _____ Homeless/Code Blue _____

APPLICATION SUPPORT

GA/TANF _____ SNAP _____ Social Security _____ SSI _____ Medicare/Medicaid _____
 Veterans _____ Senior Housing _____ LIHEAP _____

YOUTH PROGRAMS

Community Service _____ Afterschool Program _____ Youth Summer Employment _____

EMPLOYMENT SERVICES

Resume Development _____ Job Readiness Training _____ Job Referrals _____ Job Placement _____

Intake worker Primary Contact full name
Additional Household Member Phone(s): _____
 Email: _____
 Relationship to Primary: _____
 First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____
 SSN: _____ DOB: _____ Estimated? Y _____ Gender: _____ Race (can list more than one): _____
 Ethnicity: Hispanic Non-Hispanic / Not Latino Marital Status: Married Single Sep. Div. Widowed UnK
 Languages: _____ Disability: Disabled Not Disabled
 Health Ins: (can list more than one) No Health Insurance Highest Educ: _____ (over 14 yrs old) Employment: _____ (Adult only)
 Ins-Direct Purch (exchange, etc) Active Duty Empl-Full Time (inc. self employment)
 Ins-Employment Based Not Veteran Empl-Part Time (incl multiple) Unempl (< 6 months)
 Ins-Medicare Veteran Migrant Seas. Farm Wk Unempl (> 6 months)
 Ins-Military Health Care Not Asked School/Job Training Retired
 Ins-State Children's Refused Not in Labor Force/not seeking wk
 Ins-State Health Ins Adults

Additional Household Member Phone(s): _____
 Email: _____
 Relationship to Primary: _____
 First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____
 SSN: _____ DOB: _____ Estimated? Y _____ Gender: _____ Race (can list more than one): _____
 Ethnicity: Hispanic Non-Hispanic / Not Latino Marital Status: Married Single Sep. Div. Widowed UnK
 Languages: _____ Disability: Disabled Not Disabled
 Health Ins: (can list more than one) No Health Insurance Highest Educ: _____ (over 14 yrs old) Employment: _____ (Adult only)
 Ins-Direct Purch (exchange, etc) Active Duty Empl-Full Time (inc. self employment)
 Ins-Employment Based Not Veteran Empl-Part Time (incl multiple) Unempl (< 6 months)
 Ins-Medicare Veteran Migrant Seas. Farm Wk Unempl (> 6 months)
 Ins-Military Health Care Not Asked School/Job Training Retired
 Ins-State Children's Refused Not in Labor Force/not seeking wk
 Ins-State Health Ins Adults

DOCUMENTS REQUIRED

- *Photo ID for all Adults
- *Social Security Cards for all Adults & Children
- *Birth Certificate for all Children

Proof of Income
(all that apply)

- *1 month of pay stubs
- *SSI or Social Security award letter
- *Unemployment letter
- *Child Support
- *Statement of No Income

Rental Assistance

- *Current Lease or Proposed lease
- *Prior Lease
- *Landlord proof of ownership
- *Proof of Total Rental Amount and Section 8 Amount
- *Hardship letter of explanation of request for help
- *Tax returns

Baby Children Diapers & more Services

- *Proof of SNAP
- *Proof of TANF
- *Proof of WIC
- *Proof of Program for Parents

Date of this Benefits set _____

Intake worker _____

Primary Contact full name _____

Household Benefits

This Household reports NO BENEFITS

	Benefit Item	Received?	Benefit Amt (\$)	Period (*see below)	Participants receiving	Date Expires
1	SNAP					
2	WIC					
3	Energy Assistance					
4	Child Care Subsidy					
5	Housing Choice Voucher					
6	Public Housing					
7	Permanent Supportive Housing					
8	HUD VASH					
8	Affordable Care Act Subsidy					

* Periods: Daily Semi Monthly Quarterly
 Weekly Monthly Annual
 BiWeekly Bi Monthly

Applicant's Signature _____

FOR OFFICE USE ONLY!!!

APPROVAL/DENIAL

Services Approved/Denied _____

Date Approved/Denied _____

Exception Request _____

NOTES _____

