



West Valley Community Services-Program Intake

Living Situation

Please provide the address you currently reside at:

Address: _____

City: _____

State: _____

Zip: _____

Housing status: Stably housed Literally homeless Unstably housed / imminently losing housing

What best describes your living situation last night (check one):

- Rental by the client (no subsidy)
 Rental by the client with Section 8
 Rental by the client with subsidy
 Owned by client
 Staying with family/friends

- Emergency Shelter
 Place not meant for human habitation (street, park, etc.)
 Hotel/motel (no voucher)
 Transitional housing /Safe Haven/Safe park
 Other: _____

Answer the following **ONLY IF YOU ARE HOMELESS:**

Last permanent zip code: _____ What city did you sleep in last night? _____

Extent of homelessness:

- One week or less More than a week but less than a month 1-3 months
 More than 3 months but less than a year More than a year

Referral Source:

Agency Friend 211 Food Bank Other local non-profit School Landlord Other _____

ADULT 1 PROFILE INFORMATION

Household type: Single Adult Adults in a Household no Child(ren) Household with Child(ren)

First Name: _____

MI: _____

Last Name: _____

Other Names Known As: _____

Date of Birth: _____

Gender: Female Male Transgender F-M Transgender M-F Other Unknown

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Smartphone: Yes No

Email: _____

Marital Status: Single Married Separated Divorced Domestic Partner Widowed

Education: Some School GED AA Degree College Degree Graduate Degree

Highest Grade Level: Elementary School Middle School High School

Junior College Undergraduate School Graduate School

Are you of Hispanic Origin: Yes No Unknown

Primary Ethnicity: American Indian/Alaska Native American Indian/Alaskan Native and White

Asian _____ Asian and White

Black/African American Black/African and White

Native Hawaiian/ Pacific Islander

White Other Multi-Racial Unknown

Are you a veteran?: Yes No

Disability of long duration? Yes No Unknown

If you have a disability of long duration, please describe your disability:

- Alcohol abuse Drug abuse Mental health problems Developmental Disability
Physical Disability Chronic health condition HIV/AIDS Other

Last 4 Digits of Social Security Number: _ _ _ _

Primary Language: English Chinese Russian Spanish Vietnamese Other:

English Fluency: Fluent Semi-Fluent Not Fluent

Employment Status: Full Time, 35+ hrs/wk Part-Time, less than 35 hrs/wk Retired
Unemployed, seeking work Unemployed, not seeking work Disable, not in the labor force
Full-time homemaker Student Unknown

Medical Insurance: Medi-Cal Medicare Medicaid Uninsured Private Insurance Work Insurance

Special Nutrition (WIC): Yes No

CalFresh: Yes (Monthly Amount (_____)) No

Emergency Contact:

Relationship:

Phone Number:

Also a client? Yes No

Household Composition (List all the other adults or children living in your home with you)

Name of the family members	Income of Adults	Date of birth	Relationship to head of household (Wife, Husband, partner, children, or parents)

I hereby certify that I/we reside at the indicated address since _____. Monthly rent is _____

Other Income sources: SSI GA SSDI Earned Income Pension Other:

Total Monthly Income \$ _____ **Total Family Annual Income** is \$ _____

I certify that the information given above is accurate and complete to the best of my knowledge and belief. I understand that completion of this form does not guarantee financial or other assistance from WVCS.

WVCS is required by funders to report aggregate data of clients we serve annually. WVCS takes utmost care to ensure confidentiality i.e. clients' personal information or identifying information is not shared with funders or in any annual reports. I hereby authorize West Valley Community Services, Inc., to review and discuss pertinent information with other agencies and professionals involved in assisting me with needed services. I hereby release West Valley Community Services, Inc., from any liability pertaining to the above. I have read and understand the above and signed this release of information voluntarily.

Name of Client/Applicant

E-Signature of Client/Applicant