Family ID#	Agency_First Step Back Home, Inc.	2014

## **Agency Information Sheet**

Rev. 2/5/14

Prefix: Dr. Mr. Mrs. Ms								
			Middle Name					
City	State	Zip Co	de	County				
Phone	Alternative Phone	e		SS#				
DOB	Gender	Toda	y's date:					
<b>Emergency Contact Info</b>	rmation:							
Contact Name:		Con	tact address					
Contact Phone:			"					
Total # in Household	Type of assis							
Has this Agency helped yo	ou before? YES NO I	f yes, when	& what typ	e				
Staff Time: : Volunteer Time: : Payment in kind			Agency Account:  Posted: Completed: Date: Amount: Check #: Client #:					
Date of Service	Type of Service	Provided						
Funds Provided By: EFS	SP CAB Homeless	CAB Ind	igent Ag	ency HUD Dollar More	Other			
Check Payable to:								
Address:		Payment						
Date Pledged:		_Payment I	Promise Date	e:				
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Please mark the best answer for the following categories.

Ethnicity (please select one of the following)	□ GED
☐ Hispanic or Latino (have Spanish or Mexican blood)	☐ HS diploma
Not Hispanic or Latino (no Spanish or Mexican blood)	Professional certification
☐ Ethnicity unknown	Associates Degree
n	<ul><li>Bachelor's Degree</li></ul>
Race	Master's Degree
☐ American Indian or Alaska Native	☐ Doctor's Degree
☐ Asian	***
☐ Black or African American	Living situation
☐ Multiple Categories reported	☐ Homeless
□ Native Hawaiian or Other Pacific	☐ Hotel/motel
□ White	☐ In transit
☐ Race Unknown	Other
Do you have health Insurance?	Own
Do you have health Insurance?  Medicare	Rent
☐ Medicaid	□ Shared
Private	□ Shelter
□ VA	T
☐ Medical Assistance	Transportation
None None	<ul><li>□ Access to public</li><li>□ Access to reliable</li></ul>
a None	
Are you a Veteran?	□ None □ Other
□ No	Own a car
☐ Yes	Marital Status
	☐ Single
Are you disabled?	☐ Married
□ No	Divorced
☐ Yes	☐ Widow
_	☐ Living with Partner
Are you currently in school?	Separated
□ No	Separated
☐ Yes	Pregnant Status
	☐ Yes Due Date
Do you have a school certificate?	□ No
(Cosmetology, electrical, plumbing etc.)	
□ No	Employment
☐ Yes	1 full time
	☐ 1 full time and 1 part time
Level of education completed	☐ 1 full time and 2 part time
□ No Schooling Completed	☐ 1 part time
☐ Nursery School to 4 <sup>th</sup> grade	2 part time
5th or 6th grade	☐ 3 part time
7 <sup>th</sup> or 8 <sup>th</sup> grade	☐ Retired
9 <sup>th</sup> grade	Unemployed
□ 10 <sup>th</sup> grade	☐ Unemployed but full time student
□ 11 <sup>th</sup> grade	☐ Temp job
12 <sup>th</sup> grade no diploma	☐ Unable to work

Use the following codes to complete the blanks: Relationship: Adult Child (AC), Dependent Child (DC), Foster Child (FC), Friend (F), Grandchild (GC), Grandparent, (GP), In Law (IL) Other (O) \_\_\_\_\_\_\_.

Parent (P), Partner (SO), Sibling (SIB), Spouse (S), Step Child (SC) Ethnicity: Hispanic or Latino(H), Not Hispanic or Latino(N) Race: American Indian or Alaska Native(I), Asian(A), Black or African American(B), Multiple Categories (M), Native Hawaiian or Other Pacific(H), Race Unknown(U), White(W)

Name & Suffix	SS#	DOB	Gender	Health Ins.	Disabled	Relati	Ethnicity	Race	Veterar

Which of them are employed?	
List marital status of each if not single	
List those that are pregnant and their due date	

## Personal and Private Protected Information

Information entered on this page can be viewed only by members of this Agency. No other agency can access this private information. Under term, please answer short or long, under Substance Abuse answer (A) for alcohol, (D) for drugs or (B) for both, under all others answer yes or no. For DV term use the most recent experience. Enter 1 if less than 3 months ago, 2 if 3-6 mos. ago, 3 if 6-12 mos. ago, 4 if more than 1 yr ago.

Client Name	Physical Disability	Develop- mental Disability	HIV/AIDS	Health	Substance Abuse	Substance Abuse Term	Domestic Violence	Domestic Violence Term