

Family ID# \_\_\_\_\_

Agency First Step Back Home, Inc. 2014

**Agency Information Sheet**

Rev. 2/5/14

Prefix: Dr. Mr. Mrs. Ms Sister Legal First Name, AKA \_\_\_\_\_

Legal Last Name, AKA \_\_\_\_\_ Middle Name \_\_\_\_\_

Suffix: II III IV Jr. Sr. Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Alternative Phone \_\_\_\_\_ SS# \_\_\_\_\_

DOB \_\_\_\_\_ Gender \_\_\_\_\_ Today's date: \_\_\_\_\_

**Emergency Contact Information:**

Contact Name: \_\_\_\_\_ Contact address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ " \_\_\_\_\_

Total # in Household \_\_\_\_\_ Type of assistance needed \_\_\_\_\_

Has this Agency helped you before? YES NO If yes, when & what type \_\_\_\_\_

**FOR OFFICE USE ONLY**

Received: \_\_\_\_\_  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Staff: \_\_\_\_\_  
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: EFSP CAB Homeless CAB Indigent Agency HUD Dollar More Other

Check Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

Account #: \_\_\_\_\_ Payment Amount: \_\_\_\_\_

Date Pledged: \_\_\_\_\_ Payment Promise Date: \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please mark the best answer for the following categories.

**Ethnicity** (please select one of the following)

- Hispanic or Latino (have Spanish or Mexican blood)
- Not Hispanic or Latino (no Spanish or Mexican blood)
- Ethnicity unknown

**Race**

- American Indian or Alaska Native
- Asian
- Black or African American
- Multiple Categories reported
- Native Hawaiian or Other Pacific
- White
- Race Unknown

**Do you have health Insurance?**

- Medicare
- Medicaid
- Private
- VA
- Medical Assistance
- None

**Are you a Veteran?**

- No
- Yes

**Are you disabled?**

- No
- Yes

**Are you currently in school?**

- No
- Yes

**Do you have a school certificate?**

(Cosmetology, electrical, plumbing etc.)

- No
- Yes

**Level of education completed**

- No Schooling Completed
- Nursery School to 4<sup>th</sup> grade
- 5<sup>th</sup> or 6<sup>th</sup> grade
- 7<sup>th</sup> or 8<sup>th</sup> grade
- 9<sup>th</sup> grade
- 10<sup>th</sup> grade
- 11<sup>th</sup> grade
- 12<sup>th</sup> grade no diploma

- GED
- HS diploma
- Professional certification
- Associates Degree
- Bachelor's Degree
- Master's Degree
- Doctor's Degree

**Living situation**

- Homeless
- Hotel/motel
- In transit
- Other \_\_\_\_\_
- Own
- Rent
- Shared
- Shelter

**Transportation**

- Access to public
- Access to reliable
- None
- Other \_\_\_\_\_
- Own a car

**Marital Status**

- Single
- Married
- Divorced
- Widow
- Living with Partner
- Separated

**Pregnant Status**

- Yes Due Date \_\_\_\_\_
- No

**Employment**

- 1 full time
- 1 full time and 1 part time
- 1 full time and 2 part time
- 1 part time
- 2 part time
- 3 part time
- Retired
- Unemployed
- Unemployed but full time student
- Temp job
- Unable to work

