

Pine Bluff Jefferson County Economic Opportunity Commission

1201 W. PULLEN ST/ P.O.BOX 7228, PINE BLUFF, AR 71611

Phone: 870-536-0046 Fax: 870-671-4919



CLIENT INTAKE FORM

| | | | |
|--|--------------------------|--------------------------|-------------------------|
| | YES | NO | Today's Date: / / |
| Are you a current Head Start Parent?* | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are you currently enrolled in school?* | <input type="checkbox"/> | <input type="checkbox"/> | |

| Personal Information for Applicant | | | | | | | |
|--|--|--|-------------|--|---|--|--|
| First Name* | | MI | | Last Name* | | | |
| Social Security #* _____ - _____ - _____ | | | Birth Date* | | Disabled* Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Gender* Female <input type="checkbox"/> Male <input type="checkbox"/> | | Veteran* Active <input type="checkbox"/> Veteran <input type="checkbox"/> No <input type="checkbox"/> | | SNAP (Food Stamps) | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Race* <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Biracial <input type="checkbox"/> Asian <input type="checkbox"/> Native American or Other Pacific Islander <input type="checkbox"/> Other: _____ | | | | Education* <input type="checkbox"/> 0 to 8 th Grade <input type="checkbox"/> 12 + Some College <input type="checkbox"/> 9 th – 12 th Grade <input type="checkbox"/> GED <input type="checkbox"/> High School Grad <input type="checkbox"/> College Degree 2 or 4 year | | | |
| Ethnicity* Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino <input type="checkbox"/> | | Health* <input type="checkbox"/> Private <input type="checkbox"/> VA <input type="checkbox"/> None <input type="checkbox"/> Medicaid <input type="checkbox"/> State Children <input type="checkbox"/> State Adult <input type="checkbox"/> Medicare <input type="checkbox"/> State Adult | | | | | |

| Income Information for All Household Members Who have a Source of Income | | | |
|--|------------------|---------------|---|
| Name | Amount Per Month | Income Source | SOURCE CODES |
| | \$ | | A. Employment-Full Time G. SSI/SSD B. Employment-Part Time H. Pension C. Unemployment I. General Assistance D. Social Security J. HUD Utility Allowance E. TANF K. Other (specify other below) F. Child Support |
| | \$ | | |
| | \$ | | |
| | \$ | | |
| | \$ | | |
| Total Household Income Last Month | | \$ | |

| | | | | | |
|-----------------------|--|------------------|--|--------|--|
| Home Address* | | City* | | State* | |
| County* | | Zip Code* | | | |
| Mailing, if different | | City | | State | |
| County | | Zip Code | | | |
| Phone #* | | Secondary Number | | | |

| Housing* | Housing Type* |
|---|---|
| <input type="checkbox"/> Homeless <input type="checkbox"/> Rent <input type="checkbox"/> Temporary Quarters <input type="checkbox"/> Other Permanent Housing <input type="checkbox"/> Own | <input type="checkbox"/> House <input type="checkbox"/> Mobile Home <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex |

| Household Type* | Marital Status* |
|---|--|
| <input type="checkbox"/> Extended Family <input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Multigenerational Household <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Non-related Adults with Children <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults/No Children <input type="checkbox"/> Two Parent Household | <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated |

Rent/House Payment: \$: _____ Rental Assistance: YES or NO

List all Members of the Household EXCEPT THE APPLICANT listed on the front of the form

| | | | | | | | | |
|---|--|--------------------------------|---|----------------------------------|-----------------------------------|---|------------------------------|-----------------------------|
| Name* | | Gender * | Female <input type="checkbox"/> | Male <input type="checkbox"/> | Disabled * | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Birth Date* | | Veteran* | Active <input type="checkbox"/> | Veteran <input type="checkbox"/> | No <input type="checkbox"/> | Hispanic | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Social Security # | | Relationship(To Applicant)* | | | | | | |
| Education* | | Race* | | | Health* | | | |
| <input type="checkbox"/> 0 to 8 th Grade | <input type="checkbox"/> 12 + Some College | <input type="checkbox"/> White | <input type="checkbox"/> American Indian or Alaska Native | | <input type="checkbox"/> Private | <input type="checkbox"/> State Children | | |
| <input type="checkbox"/> 9 th – 12 th Grade | <input type="checkbox"/> GED | <input type="checkbox"/> Black | <input type="checkbox"/> Biracial | | <input type="checkbox"/> Medicaid | <input type="checkbox"/> State Adult | | |
| <input type="checkbox"/> High School Grad | <input type="checkbox"/> College Degree 2 or 4 year | <input type="checkbox"/> Asian | <input type="checkbox"/> Native American/Other Pacific Islander | | <input type="checkbox"/> Medicare | <input type="checkbox"/> VA | | |
| | | | | | <input type="checkbox"/> None | | | |

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| | | | | | <input type="checkbox"/> None | | |

Pine Bluff Jefferson County Economic Opportunities Commission, Inc. receives funding from various agencies. **Those agencies require that we provide them with statistical information on our customers.** Your answers to these questions will help us to keep our funding and look for additional ways to help you. **WE RESPECT YOUR PRIVACY. YOUR PERSONAL IDENTIFICATION INFORMATION IS NOT RELEASED.** We only report numbers of customers served, ages, income levels, and other statistical data.

I UNDERSTAND THAT DISCLOSURE OF THE ABOVE INFORMATION IS VOLUNTARY AND WILL BE USED ONLY FOR IDENTIFICATION PURPOSES. I UNDERSTAND THAT THIS INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL UNLESS ITS RELEASE IS AUTHORIZED BY ME IN WRITING. I UNDERSTAND THE GENERAL STATISTICAL INFORMATION COMPILED WITH OTHER HOUSEHOLDS WILL BE USED TO CREATE REPORTS FOR FUNDING SOURCES.

Would you like to enroll in PBJCEOC's Auto-Dialer/ E-Newsletter? The Auto-Dialer is a pre-recorded message that will contact you via email, text message, or phone concerning services opening dates, center closings, and/or other informative information. Yes No Email: _____

I certify that the income and other information provided on this form are correct at the time of this application.

Applicant Signature: _____

Date Signed: _____

Employee Signature: _____