

Program Entrance Date: _____
Program Exit Date: _____
Program ID No. _____

**COMMUNITY SERVICES BLOCK GRANT (CSBG)  
CLIENT INTAKE FORM**

**Personal Information**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No. (Last four digits): \_\_\_\_\_

**Family/Individual Status (please check the appropriate space(s)):**

Gender Identification:      Male \_\_\_\_\_ Female \_\_\_\_\_      Disabled:      Yes \_\_\_\_\_ No \_\_\_\_\_

Married:                      Yes \_\_\_\_\_ No \_\_\_\_\_      Homeless:      Yes \_\_\_\_\_ No \_\_\_\_\_

Female Head of Household: Yes \_\_\_\_\_ No \_\_\_\_\_      Veteran:      Yes \_\_\_\_\_ No \_\_\_\_\_

Number of Household Members (including self): \_\_\_\_\_

**Ethnic Breakdown (Note: If you identify yourself as one of the listed ethnicities and Hispanic, please place a check in both columns)**

		<u>Hispanic</u>
White	_____	_____
African American/Black	_____	_____
Asian	_____	_____
American Indian/Alaskan Native	_____	_____
Native Hawaiian/Other Pacific Islander	_____	_____
American Indian/Alaskan Native & White	_____	_____
Asian & White	_____	_____
African American/Black & White	_____	_____
American Indian/Alaskan Native & African American/Black	_____	_____
Other Multi Racial	_____	_____