

**CENTRAL MISSOURI COMMUNITY ACTION  
BASIC INTAKE FORM**

HAVE YOU BEEN TO CMCA BEFORE?  YES  NO IF YES, WHEN? WHERE? \_\_\_\_\_

HEAD OF HOUSEHOLD SOCIAL SECURITY #: \_\_\_\_\_

HOH LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

COUNTY:  Audrain;  Boone;  Callaway;  Cole;  Cooper;  Howard;  Moniteau;  Osage

PHONE: \_\_\_\_\_ MESSAGE PHONE: \_\_\_\_\_

<u>STATUS:</u>		<u>FAMILY TYPE:</u>		<u>HOUSING:</u>	<u>LIFE SKILLS:</u>
<input type="checkbox"/> Pending (Ready to Bill)	<input type="checkbox"/> Farmer	<input type="checkbox"/> Single	<input type="checkbox"/> Two Parent	<input type="checkbox"/> Own	<input type="checkbox"/> Completed
<input type="checkbox"/> Archive	<input type="checkbox"/> Seasonal Worker	<input type="checkbox"/> Two Adults	<input type="checkbox"/> Two Adults	<input type="checkbox"/> Rent	<input type="checkbox"/> Not Completed
<input type="checkbox"/> Incomplete	<input type="checkbox"/> Migrant Farm Worker	<input type="checkbox"/> Single Parent Female	<input type="checkbox"/> Single Parent Male	<input type="checkbox"/> Homeless	<input type="checkbox"/> Exempt
<input type="checkbox"/> Old	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Single Parent Male	<input type="checkbox"/> Other		
<input type="checkbox"/> Exclude	<input type="checkbox"/> CSBG Eligible	<input type="checkbox"/> Other			

First Visit Date: \_\_\_\_\_ Last Visit Date: \_\_\_\_\_ Case Worker: \_\_\_\_\_

Note: Do not change if in computer

HOH LAST NAME: SAME AS ABOVE FIRST NAME: SAME AS ABOVE MI: SAB

BIRTHDATE: \_\_\_\_\_ RACE:  Black  White  Hispanic  Native American  Asian  Other \_\_\_\_\_

Insurance  Yes  No  
Disabled  Yes  No  
Veteran  Yes  No

<u>RELATION TO HEAD OF HOUSEHOLD:</u>		<u>EDUCATION:</u>
<input type="checkbox"/> Head of Household	<input type="checkbox"/> Aunt	<input type="checkbox"/> 0-8
<input type="checkbox"/> Husband	<input type="checkbox"/> Niece/Nephew	<input type="checkbox"/> 9-12/Non-Graduate
<input type="checkbox"/> Wife	<input type="checkbox"/> Parent	<input type="checkbox"/> High School Graduate/GED
<input type="checkbox"/> Child	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> 12+ Some Secondary
<input type="checkbox"/> Foster Child	<input type="checkbox"/> Other Related	<input type="checkbox"/> 2 or 4 Years College Graduate
<input type="checkbox"/> Grand Child	<input type="checkbox"/> Non-Related	<input type="checkbox"/> Non-High School Graduate/GED Teen
<input type="checkbox"/> Grand Parent	<input type="checkbox"/> Step Related	<input type="checkbox"/> Non-High School Graduate/GED Adult
<input type="checkbox"/> Uncle		

INCOME SOURCE 1:  
 TA-TANF  Social Security  SSI  Pension  General Relief  
 Wages  Unemployment Insurance  Other: \_\_\_\_\_ TOTAL INCOME: \$ \_\_\_\_\_

INCOME SOURCE 2:  
 TA-TANF  Social Security  SSI  Pension  General Relief  
 Wages  Unemployment Insurance  Other: \_\_\_\_\_ TOTAL INCOME: \$ \_\_\_\_\_

INCOME SOURCE 3:  
 TA-TANF  Social Security  SSI  Pension  General Relife  
 Wages  Unemployment Insurance  Other: \_\_\_\_\_ TOTAL INCOME: \$ \_\_\_\_\_

HH MONTHLY INCOME TOTALS:  
 (TOTAL MONTHLY AVERAGE OF EACH INCOME SOURCE) \$

COMMENTS:

CHOOSE FAMILY MEMBER: \_\_\_\_\_ New Family Member \_\_\_\_\_ Delete Family Member  
MEMBER SOCIAL SECURITY #: \_\_\_\_\_  
MEMBER LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ RACE: \_\_\_\_\_ Black \_\_\_\_\_ Male Insurance  Yes  No  
Comments: \_\_\_\_\_ \_\_\_\_\_ White \_\_\_\_\_ Female Disabled  Yes  No  
\_\_\_\_\_ Hispanic Veteran  Yes  No  
\_\_\_\_\_ Native American  
\_\_\_\_\_ Asian  
\_\_\_\_\_ other, \_\_\_\_\_

RELATION TO HEAD OF HOUSEHOLD: \_\_\_\_\_ EDUCATION:  
\_\_\_\_\_ Head of Household \_\_\_\_\_ Aunt \_\_\_\_\_ 0-8  
\_\_\_\_\_ Husband \_\_\_\_\_ Niece/Nephew \_\_\_\_\_ 9-12/Non-Graduate  
\_\_\_\_\_ Wife \_\_\_\_\_ Parent \_\_\_\_\_ High School Graduate/GED  
\_\_\_\_\_ Child \_\_\_\_\_ Foster Parent \_\_\_\_\_ 12+ Some Secondary  
\_\_\_\_\_ Foster Child \_\_\_\_\_ Other Related \_\_\_\_\_ 2 or 4 Years College Graduate  
\_\_\_\_\_ Grand Child \_\_\_\_\_ Non-Related \_\_\_\_\_ Non-High School Graduate/GED Teen  
\_\_\_\_\_ Grand Parent \_\_\_\_\_ Step Related \_\_\_\_\_ Non-High School Graduate/GED Adult  
\_\_\_\_\_ Uncle

INCOME SOURCE 1:  
\_\_\_\_\_ TA-TANF \_\_\_\_\_ Social Security \_\_\_\_\_ SSI \_\_\_\_\_ Pension \_\_\_\_\_ General Relief  
\_\_\_\_\_ Wages \_\_\_\_\_ Unemployment Insurance \_\_\_\_\_ Other: \_\_\_\_\_ TOTAL INCOME: \$ \_\_\_\_\_

INCOME SOURCE 2:  
\_\_\_\_\_ TA-TANF \_\_\_\_\_ Social Security \_\_\_\_\_ SSI \_\_\_\_\_ Pension \_\_\_\_\_ General Relief  
\_\_\_\_\_ Wages \_\_\_\_\_ Unemployment Insurance \_\_\_\_\_ Other: \_\_\_\_\_ TOTAL INCOME: \$ \_\_\_\_\_

INCOME SOURCE 3:  
\_\_\_\_\_ TA-TANF \_\_\_\_\_ Social Security \_\_\_\_\_ SSI \_\_\_\_\_ Pension \_\_\_\_\_ General Relief  
\_\_\_\_\_ Wages \_\_\_\_\_ Unemployment Insurance \_\_\_\_\_ Other: \_\_\_\_\_ TOTAL INCOME: \$ \_\_\_\_\_

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MEMBER SOCIAL SECURITY #: \_\_\_\_\_  
MEMBER LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

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Comments: \_\_\_\_\_ \_\_\_\_\_ White \_\_\_\_\_ Female Disabled  Yes  No  
\_\_\_\_\_ Hispanic Veteran  Yes  No  
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\_\_\_\_\_ Asian  
\_\_\_\_\_ other, \_\_\_\_\_

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\_\_\_\_\_ Child \_\_\_\_\_ Foster Parent \_\_\_\_\_ 12+ Some Secondary  
\_\_\_\_\_ Foster Child \_\_\_\_\_ Other Related \_\_\_\_\_ 2 or 4 Years College Graduate  
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