



**Economic Opportunity Council of Suffolk, Inc.**

31 West Main Street, Suite 300

Patchogue, NY 11772

Telephone: (631) 289-2124 • Fax: (631) 289-4901

SOCIAL SECURITY NUMBER

|  |  |  |  |  |  |  |  |  |  |
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DATE OF INTAKE

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|--------------------------|--|--|--|---------------|--|-----|--|
| Name (Last, First, M.I.) |  |  |  | TELEPHONE ( ) |  | AGE |  |
|--------------------------|--|--|--|---------------|--|-----|--|

|                |  |  |  |                   |  |   |  |
|----------------|--|--|--|-------------------|--|---|--|
| Street Address |  |  |  | DATE OF BIRTH / / |  | <input type="checkbox"/> 0-5<br><input type="checkbox"/> 45-54<br><input type="checkbox"/> 6-13<br><input type="checkbox"/> 55-59<br><input type="checkbox"/> 14-17<br><input type="checkbox"/> 60-64<br><input type="checkbox"/> 18-24<br><input type="checkbox"/> 65-74<br><input type="checkbox"/> 25-44<br><input type="checkbox"/> 75 + OVER |  |
|----------------|--|--|--|-------------------|--|---|--|

|                  |                       |             |                 |   |   |            |
|------------------|-----------------------|-------------|-----------------|---|---|------------|
| City, State, Zip |                       |             |                 | GENDER  |   | DISABILITY |
| Household Size   | Amount of Income /YR. | ID Provided | Type of Contact | <input type="checkbox"/> Male<br><input type="checkbox"/> Female<br><input type="checkbox"/> Transgender<br><input type="checkbox"/> other<br><input type="checkbox"/> Unknown/not reported | <input type="checkbox"/> YES<br><input type="checkbox"/> No |            |

|  |  |  |  |   |  |  |  |  |  |
|--|--|--|--|---|--|--|--|--|--|
| <b>RACE</b><br><input type="checkbox"/> Black/African American<br><input type="checkbox"/> White<br><input type="checkbox"/> Multi-race<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Other<br><input type="checkbox"/> Native Hawaiian or other Pacific Islander<br><input type="checkbox"/> A. Indian/Alaskan Native |  | <b>ETHNICITY</b><br><input type="checkbox"/> Hispanic/Latino/a<br><input type="checkbox"/> Non Hispanic/Latino/a<br><input type="checkbox"/> Unknown |  | <b>HOUSEHOLD TYPE</b><br><input type="checkbox"/> Single Person<br><input type="checkbox"/> Single Parent/Female<br><input type="checkbox"/> Single Parent/Male<br><input type="checkbox"/> Two parent Household<br><input type="checkbox"/> Two Adults/ No children<br><input type="checkbox"/> Other<br><input type="checkbox"/> Non-related adults w/children<br><input type="checkbox"/> Multi-generational household |  | <b>EDUCATION</b><br><input type="checkbox"/> 0 - 8<br><input type="checkbox"/> 9-12, non-graduate<br><input type="checkbox"/> High School grad/GED<br><input type="checkbox"/> 12 + post secondary<br><input type="checkbox"/> 2/4 yr. College grad.<br><input type="checkbox"/> Graduate/post secondary<br><input type="checkbox"/> Unknown |  | <b>STATUS</b><br><input type="checkbox"/> HIV+(Not AIDS)<br><input type="checkbox"/> HIV+(AIDS Unknown)<br><input type="checkbox"/> AIDS<br>Month ____ Year ____ Diagnosis |  |
|--|--|--|--|---|--|--|--|--|--|

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| <b>HOUSING</b><br><input type="checkbox"/> Own<br><input type="checkbox"/> Rent<br><input type="checkbox"/> Other Permanent<br><input type="checkbox"/> Homeless<br><input type="checkbox"/> Other<br><input type="checkbox"/> Unknown<br><input type="checkbox"/> Permanent<br><input type="checkbox"/> Non Permanent |  | <b>MILITARY STATUS</b><br><input type="checkbox"/> Veteran<br><input type="checkbox"/> Active Military<br><input type="checkbox"/> None<br><input type="checkbox"/> Unknown / not report |  | <b>WORK STATUS (18+)</b><br><input type="checkbox"/> Employment Full -Time<br><input type="checkbox"/> Employment Part-Time<br><input type="checkbox"/> Migrant Seasonal Farm worker<br><input type="checkbox"/> Unemployment (Short-Term, less than 6 months)<br><input type="checkbox"/> Unemployment ( Long-Term, more than 6 months)<br><input type="checkbox"/> Unemployed (not in labor force)<br><input type="checkbox"/> Retired |  |  | <b>DISCONNECTED YOUTH</b><br>Youth ages 14-24 who are neither working or in school<br><input type="checkbox"/> |  | <b>MODE OF TRANSMISSION</b><br><input type="checkbox"/> Men with Men<br><input type="checkbox"/> Hemophilia or Coag. Disorder<br><input type="checkbox"/> Blood Transfusion, Blood Components or Tissue<br><input type="checkbox"/> Hetero Sex<br><input type="checkbox"/> IDU<br><input type="checkbox"/> Men w/Men & IDU<br><input type="checkbox"/> Perinatal Transmission<br><input type="checkbox"/> Other |  |
|--|--|--|--|--|--|--|--|--|---|--|

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|---|--|---|--|---|--|--|--|--|--|
| <b>SOURCE OF INCOME</b><br><input type="checkbox"/> No Income<br><input type="checkbox"/> Unknown/not reported<br><input type="checkbox"/> Employment only<br><input type="checkbox"/> Employment + other<br><input type="checkbox"/> Employment + benefits<br><input type="checkbox"/> Employment + other + benefits<br><input type="checkbox"/> Benefits only<br><input type="checkbox"/> Other source only<br><input type="checkbox"/> Other source + benefits |  | <b>OTHER INCOME</b><br><input type="checkbox"/> Social Security<br><input type="checkbox"/> SSI<br><input type="checkbox"/> TANF<br><input type="checkbox"/> AFDC<br><input type="checkbox"/> VA service Dis. Comp.<br><input type="checkbox"/> VA Non-serv Conn. Dis. Pen.<br><input type="checkbox"/> Workmen's Comp.<br><input type="checkbox"/> Private Disability Ins.<br><input type="checkbox"/> Pension<br><input type="checkbox"/> Child Support<br><input type="checkbox"/> Alimony<br><input type="checkbox"/> Unemployment ins. |  | <b>BENEFITS</b><br><input type="checkbox"/> SNAP<br><input type="checkbox"/> WIC<br><input type="checkbox"/> LIHEAP<br><input type="checkbox"/> Section 8<br><input type="checkbox"/> Public housing<br><input type="checkbox"/> Perma. Supp. Housing<br><input type="checkbox"/> HUD-VASH<br><input type="checkbox"/> Childcare voucher<br><input type="checkbox"/> Afford. Care Act Subsidy<br><input type="checkbox"/> Other |  | <b>HEALTH INSURANCE</b><br><input type="checkbox"/> No Health Insurance<br><input type="checkbox"/> Medicaid<br><input type="checkbox"/> Medicare<br><input type="checkbox"/> State children's health insurance<br><input type="checkbox"/> State health insurance for adults<br><input type="checkbox"/> Military Health Care<br><input type="checkbox"/> Direct-purchase<br><input type="checkbox"/> Employment based<br><input type="checkbox"/> Private Insurance<br><input type="checkbox"/> ADAP<br><input type="checkbox"/> Unknown |  | <b>FAMILY SIZE</b><br><br><b>REDUCED LUNCH</b><br><input type="checkbox"/> |  |
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| HOUSEHOLD INFORMATION |  |  |  |        |  |  |  |     |  |  |  |            |  |  |  |
|-----------------------|--|--|--|--------|--|--|--|-----|--|--|--|------------|--|--|--|
| NAME                  |  |  |  | D.O.B. |  |  |  | AGE |  |  |  | DIS. (Y/N) |  |  |  |
|                       |  |  |  |        |  |  |  |     |  |  |  |            |  |  |  |
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WORKER SIGNATURE: X \_\_\_\_\_

CLIENT SIGNATURE: X \_\_\_\_\_