



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

31 West Main Street, Suite 300

Patchogue, NY 11772

Telephone: (631) 289-2124 • Fax: (631) 289-2178

**SOCIAL SECURITY NUMBER**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**DATE OF INTAKE**

<input type="text"/>	<input type="text"/>	<input type="text"/>
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<b>Name (Last, First, M.I.)</b>			<b>TELEPHONE</b> ( )		<b>AGE</b>	
<b>Street Address</b>			<b>DATE OF BIRTH</b> / /		<input type="checkbox"/> 0-5 <input type="checkbox"/> 45-54 <input type="checkbox"/> 6-13 <input type="checkbox"/> 55-59 <input type="checkbox"/> 14-17 <input type="checkbox"/> 60-64 <input type="checkbox"/> 18-24 <input type="checkbox"/> 65-74 <input type="checkbox"/> 25-44 <input type="checkbox"/> 75 + OVER	
<b>City, State, Zip</b>			<b>GENDER</b>		<b>DISABILITY</b>	
<b>Household Size</b>	<b>Amount of Income /YR.</b>	<b>ID Provided</b>	<input type="checkbox"/> <b>Walk-in</b> <input type="checkbox"/> <b>Telephone</b> <input type="checkbox"/> <b>Referral</b>		<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>No</b>	
			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> other <input type="checkbox"/> Unknown/not reported			

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

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

<b>SOURCE OF INCOME</b>		<b>OTHER INCOME</b>		<b>BENEFITS</b>		<b>HEALTH INSURANCE</b>		<b>FAMILY SIZE</b>			
<input type="checkbox"/> No Income <input type="checkbox"/> Unknown/not reported <input type="checkbox"/> Employment only <input type="checkbox"/> Employment + other <input type="checkbox"/> Employment + benefits <input type="checkbox"/> Employment + other + benefits <input type="checkbox"/> Benefits only <input type="checkbox"/> Other source only <input type="checkbox"/> Other source + benefits		<input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> SSD <input type="checkbox"/> TANF <input type="checkbox"/> Other <input type="checkbox"/> AFDC <input type="checkbox"/> EITC <input type="checkbox"/> VA service Dis. Comp. <input type="checkbox"/> VA Non-serv Conn. Dis. Pen. <input type="checkbox"/> Workmen's Comp. <input type="checkbox"/> Private Disability Ins. <input type="checkbox"/> Pension <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Unemployment ins.		<input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> LIHEAP <input type="checkbox"/> Section 8 <input type="checkbox"/> Public housing <input type="checkbox"/> Perma. Supp. Housing <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Childcare voucher <input type="checkbox"/> Afford. Care Act Subsidy <input type="checkbox"/> Other		<input type="checkbox"/> No Health Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> State children's health insurance <input type="checkbox"/> State health insurance for adults <input type="checkbox"/> Military Health Care <input type="checkbox"/> Direct-purchase <input type="checkbox"/> Employment based <input type="checkbox"/> Private Insurance <input type="checkbox"/> ADAP <input type="checkbox"/> Unknown				<input type="checkbox"/>	

HOUSEHOLD INFORMATION									
NAME	D.O.B.	AGE	DIS. (Y/N)	NAME	D.O.B.	AGE	DIS. (Y/N)		

WORKER SIGNATURE: X \_\_\_\_\_

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