



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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Name (Last, First, M.I.)		TELEPHONE ()	AGE	
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Street Address	DATE OF BIRTH / /	<table border="1"> <tr> <td><input type="text"/></td> <td>0-5</td> <td><input type="text"/></td> <td>45-54</td> </tr> <tr> <td><input type="text"/></td> <td>6-13</td> <td><input type="text"/></td> <td>55-59</td> </tr> <tr> <td><input type="text"/></td> <td>14-17</td> <td><input type="text"/></td> <td>60-64</td> </tr> <tr> <td><input type="text"/></td> <td>18-24</td> <td><input type="text"/></td> <td>65-74</td> </tr> <tr> <td><input type="text"/></td> <td>25-44</td> <td><input type="text"/></td> <td>75 + OVER</td> </tr> </table>	<input type="text"/>	0-5	<input type="text"/>	45-54	<input type="text"/>	6-13	<input type="text"/>	55-59	<input type="text"/>	14-17	<input type="text"/>	60-64	<input type="text"/>	18-24	<input type="text"/>	65-74	<input type="text"/>	25-44	<input type="text"/>	75 + OVER
<input type="text"/>	0-5	<input type="text"/>	45-54																			
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<input type="text"/>	14-17	<input type="text"/>	60-64																			
<input type="text"/>	18-24	<input type="text"/>	65-74																			
<input type="text"/>	25-44	<input type="text"/>	75 + OVER																			

City, State, Zip			GENDER	
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Household Size	Amount of Income /YR.	ID Provided	Type of Contact	<input type="checkbox"/> Walk-in <input type="checkbox"/> Telephone <input type="checkbox"/> Referral	GENDER	DISABILITY
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RACE <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 Pacific Islander <input type="checkbox"/> A. Indian/Alaskan Native	ETHNICITY <input type="checkbox"/> Hispanic/Latino/a <input type="checkbox"/> Non Hispanic/Latino/a <input type="checkbox"/> Unknown	HOUSEHOLD TYPE <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	EDUCATION <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
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HOUSING <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	MILITARY STATUS <input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> None <input type="checkbox"/> Unknown / not report	WORK STATUS (18+) <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	DISCONNECTED YOUTH Youth ages 14-24 who are neither working or in school <input type="checkbox"/>	REDUCED LUNCH <input type="checkbox"/>
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SOURCE OF INCOME <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	OTHER INCOME <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.	BENEFITS <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	HEALTH INSURANCE <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	FAMILY SIZE
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HOUSEHOLD INFORMATION

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

WORKER SIGNATURE: X _____

CLIENT SIGNATURE: X _____