



Date: \_\_\_\_\_  
Intake Person: \_\_\_\_\_  
Family Size: \_\_\_\_\_

### Program Intake Form

Name \_\_\_\_\_ Gender: M/ F Birthdate: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: (Home): \_\_\_\_\_ Cell: \_\_\_\_\_ W: \_\_\_\_\_

Proof of Identification (*Circle One*): (Driv Lic, ID, Soc Sec) Other \_\_\_\_\_

Proof of Address: Xcel bill; phone bill; water bill; Other: \_\_\_\_\_

Language Spoken: English/Spanish/Other (*Please Specify*) \_\_\_\_\_

Ethnicity (*Circle One*): Hispanic; American Indian; Asian; African American; White; Other \_\_\_\_\_

Number of Adults **living in home**: \_\_\_\_\_ Number of Children in the home(under 18): \_\_\_\_\_

*(Please list names, birthdates, ages and ethnicity of all in household.)*

	<b>Name:</b>	<b>Relationship:</b>	<b>Age:</b>	<b>Ethnicity:</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

**Signature:** \_\_\_\_\_