	IAACLink	*This form is for EA only.	D INTAKE R If your program requires enrollm essment form which can be found	DA pent assessments	те / /
LAST NAME	FIRS	ST NAME	M	IDDLE INITIAL # IN	HOUSEHOLD
STREET ADDRESS			-	PHONE	
CITY		ST	ZIP CODE	BIRTH DATE	/ /
SOCIAL SECURITY NUMBER	☐ Client doesn't kn	☐ Male ☐ Female	☐ Transgender F ☐ Transgender M tidentify as male, femal	Male to Female	Client doesn't know Client refused
FAMILY TYPE	RELAT		D OF HOUSEHOLD		
□ Single □ Two Parent Household □ Single Parent/Female □ Single Parent/Male □ Two Adult/No Children □ Unknown □ Other	☐ Chi ☐ Spo ☐ Sin ☐ Aur	ad of Household Id (Daughter/Son) buse/Partner gle Parent/Male nt/Uncle nabitant usin	☐ Foster Ch ☐ Friend ☐ Grandchi ☐ Grandnie ☐ Grandpar ☐ Great Au	□ Nie Id □ Pa ce/nephew □ Sib rent □ Un nt/Uncle □ Ott	ardian ece/Nephew rent bling known ner/Non-Family ner/Family
ETHNICITY	RACE Please identify as r	many racial categories a	as needed.	VETERAN	DISABLING COND
	ent risk of losing housing only under other federal stat	□ an □ other Pacific Islander	White Client doesn't know Client refused Stably Housed - o At risk of homeles Client doesn't know Client refused	own ssness	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused
ADDITIONAL HOUSEHO	N D MEMBERS (JE NI		— Chora Toracca		
ADDITIONAL HOUSEHO		EEDED) ST NAME	M	. INITIAL BIRTH DATE	RELATIONSHIP TO HOH
SOCIAL SECURITY NUMBER	☐ Client doesn't kn	☐ Male ☐ Female	☐ Transgender F ☐ Transgender M tidentify as male, femal	Nale to Female	Client doesn't know
ETHNICITY	RACE Please identify as r	many racial categories a		VETERAN	DISABLING COND
 ☐ Hispanic/Latino ☐ Non Hispanic/Latino ☐ Client doesn't know ☐ Client refused 	☐ American Indian or Als ☐ Asian ☐ Black / African Americ ☐ Native / Hawaiian or C	an 🗆	White Client doesn't know Client refused	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused
ADDITIONAL HOUSEHO	LD MEMBERS (IF N	EEDED)		<u>-</u>	
LAST NAME	FIRS	ST NAME	М	. INITIAL BIRTH DATE	RELATIONSHIP TO HOH
SOCIAL SECURITY NUMBER	☐ Client doesn't kn	☐ Male ☐ Female	☐ Transgender F ☐ Transgender M identify as male, femal	Male to Female	Client doesn't know
ETHNICITY	RACE Please identify as r	many racial categories a	as needed.	VETERAN	DISABLING COND
☐ Hispanic/Latino ☐ Non Hispanic/Latino ☐ Client doesn't know ☐ Client refused	☐ American Indian or Als ☐ Asian ☐ Black / African Americ ☐ Native / Hawaiian or C	an 🗆	White Client doesn't know Client refused	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused



STANDARD INTAKE RECORD

*This form is for EA only. If your program requires enrollment assessments please use the HMIS assessment form which can be found at maaclink.org

DATE /

LAST	NAME				FIRST NAME					MIDDLE INIT	AL CLIENT ID		
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	JCEAP	\$						Other			\$		

RELEASE OF INFORMATION/APPLICANT ATTESTATION: I verify that the information I have provided above is true and correct. I consent to the release of pertinent information contained in the spaces above to concerned social service agencies, Mid America Assistance Coalition and vendors as necessary to complete services to my household, or to provide statistics on emergency assistance, or as a guard against duplication of assistance. I hereby authorize utility agencies or other vendors related to my household to release information concerning my accounts as necessary to insure timely processing of this application.

X

SOCIAL SECURITY NUMBER Client doesn't know GENDER Client refused Male Transgender Female to Male Client doesn't know Female Doesn't identify as male, female, or transgender Yeteran Yes Yes Yes No Hispanic/Latino Asian Client doesn't know Client doesn't know Client doesn't know Client doesn't know Client refused Native / Hawaiian or Other Pacific Islander Client refused Client doesn't know Client refused Client r	ONAL HOUSEHOLD MEMBERS (IF NEEDED) FIRST NAME	ADDITIONAL HOUSEH			llment assessments	
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☐ Hispanic/Latino ☐ American Indian or Alskan Native ☐ White ☐ Yes ☐ Yes ☐ Non Hispanic/Latino ☐ Asian ☐ Client doesn't know ☐ No ☐ No ☐ Client doesn't know ☐ Black / African American ☐ Client refused ☐ Client doesn't know ☐ Client doesn't know ☐ Client refused ☐ Client refused ☐ Native / Hawaiian or Other Pacific Islander ☐ Client refused ☐ Client refused ☐ Client refused ADDITIONAL HOUSEHOLD MEMBERS (IF NEEDED) LAST NAME FIRST NAME FIRST NAME FIRST NAME FIRST NAME M. INITIAL BIRTH DATE // / / RELATIONSHIP TO HO // / / RELATIONSHIP TO HO // / / Pemale ☐ Transgender Female to Male ☐ Client doesn't know ☐ Client refused ☐ Male ☐ Transgender Female to Male ☐ Client doesn't know ☐ Female ☐ Transgender Male to Female ☐ Doesn't identify as male, female, or transgender	panic/Latino	FTHNICITY	RACF Please identify as many t			DISABI ING COND
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Client doesn't know	ent doesn't know ent refused	_	i	_	□ No	□ No
Client refused	ONAL HOUSEHOLD MEMBERS (IF NEEDED) Client refused		☐ Black / African American	☐ Client refused	☐ Client doesn't know	☐ Client doesn't know
LAST NAME FIRST NAME M. INITIAL BIRTH DATE RELATIONSHIP TO HO	FIRST NAME M. INITIAL BIRTH DATE RELATIONSHIP TO HOH / / /	_	☐ Native / Hawaiian or Other	Pacific Islander	☐ Client refused	☐ Client refused
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☐ Female ☐ Transgender Male to Female ☐ Doesn't identify as male, female, or transgender	☐ Female ☐ Transgender Male to Female	SOCIAL SECURITY NUMBER			<u>_</u>	
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		ETHNICITY	PACE Places identify as many			DISABI ING COND
☐ Hispanic/Latino ☐ American Indian or Alskan Native ☐ White ☐ Yes ☐ Yes	, , , , , , , , , , , , , , , , , , ,	_			!	
	pariic/Latino di American indian di Aiskan Native di Winte di Les di Les		:	<u> </u>	<u> </u>	i
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SOCIAL SECURITY NUMBER	n Hispanic/Latino	SOCIAL SECURITY NUMBER	☐ Client doesn't know	GENDER		<u>-</u>
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ETHNICITY RACE Please identify as many racial categories as needed. □ Hispanic/Latino □ American Indian or Alskan Native □ White □ Yes □ Yes	Asian	☐ Hispanic/Latino	RACE Please identify as many r ☐ American Indian or Alskan I	☐ Doesn't identify as male, fema racial categories as needed. Native ☐ White	ale, or transgender VETERAN ☐ Yes	DISABLING COND □ Yes
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☐ Female ☐ Transgender Male to Female ☐ Doesn't identify as male, female, or transgender	☐ Female ☐ Transgender Male to Female	SOCIAL SECURITY NUMBER				
☐ Client refused ☐ Male ☐ Transgender Female to Male ☐ Client doesn't know☐ Female ☐ Transgender Male to Female☐ Doesn't identify as male, female, or transgender	☐ Client refused ☐ Male ☐ Transgender Female to Male ☐ Client doesn't know ☐ Female ☐ Transgender Male to Female	SOCIAL SECURITY NUMBER	Client doesn't know	GENDER		i
☐ Client refused ☐ Male ☐ Transgender Female to Male ☐ Client doesn't know☐ Female ☐ Transgender Male to Female ☐ Doesn't identify as male, female, or transgender	☐ Client refused ☐ Male ☐ Transgender Female to Male ☐ Client doesn't know☐ Female ☐ Transgender Male to Female				/ /	<u>i</u>
☐ Client refused ☐ Male ☐ Transgender Female to Male ☐ Client doesn't know☐ Female ☐ Transgender Male to Female☐ Doesn't identify as male, female, or transgender	☐ Client refused ☐ Male ☐ Transgender Female to Male ☐ Client doesn't know ☐ Female ☐ Transgender Male to Female	LAST NAIVIE	FIRST NAW	'E	//. INITIAL IBIRTH DATE	RELATIONSHIP TO HOH
☐ Client refused ☐ Male ☐ Transgender Female to Male ☐ Client doesn't know☐ Female ☐ Transgender Male to Female☐ Doesn't identify as male, female, or transgender	☐ Client refused ☐ Male ☐ Transgender Female to Male ☐ Client doesn't know ☐ Female ☐ Transgender Male to Female			 1E	1. INITIAL BIRTH DATE	RELATIONSHIP TO HOH
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ADDITIONAL HOUSEHOLD MEMBERS (IF NEEDED) LAST NAME FIRST NAME M. INITIAL BIRTH DATE // / SOCIAL SECURITY NUMBER Client doesn't know Male Transgender Female to Male Client doesn't know Female Doesn't identify as male, female, or transgender	ONAL HOUSEHOLD MEMBERS (IF NEEDED) FIRST NAME	☐ Client doesn't know	☐ Black / African American	☐ Client refused	☐ Client doesn't know	☐ Client doesn't know
Client refused	ONAL HOUSEHOLD MEMBERS (IF NEEDED) FIRST NAME	•	i _	Client refused		i _
Client doesn't know	ent doesn't know ent refused	☐ Non Hispanic/Latino	☐ Asian	☐ Client doesn't know	□ No	□ No
Client doesn't know	ent doesn't know	☐ Hispanic/Latino	☐ American Indian or Alskan I	Native LI White	⊔ Yes	⊔ Yes
□ Non Hispanic/Latino □ Asian □ Client doesn't know □ No □ No □ Client doesn't know □ Client refused □ Client doesn't know □ Client refused □ Client doesn't know □ Female □ Transgender Female to Male □ Client doesn't know □ Female □ Transgender Male to Female □ Client doesn't know □ Client doesn't know □ Female □ Transgender Male to Female □ Client doesn't know □ Female □ Transgender Male to Female □ Client doesn't know □ Female □ Transgender Male to Female □ Client doesn't know □ Female □ Transgender Male to Female □ Client doesn't know □ Female □ Transgender Male to Female □ Client doesn't know □ Female □ Transgender Male to Female □ Client doesn't know □ Female □ Transgender Male to Female □ Client doesn't know □ Female □ Transgender Male to Female □ Client doesn't know □ Female □ Transgender Male to Female □ Client doesn't know □ Female □ Transgender Male to Female □ Client doesn't know □ Client doesn't	M Hispanic/Latino In Hispanic/La		i		i	i_
☐ Hispanic/Latino ☐ American Indian or Alskan Native ☐ White ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused ☐ RELATIONSHIP TO HOW Transgender Female to Male ☐ Client doesn't know ☐ Gender ☐ Client doesn't know ☐ Female ☐ Transgender Male to Female ☐ Client doesn't know ☐ Client doesn't know ☐ Female ☐ Transgender Male to Female ☐ Client doesn't know ☐ Client doesn't know ☐ Client doesn't know ☐ Client doesn't know ☐ Doesn't identify as male, female, or transgender ☐ Client doesn't know ☐ Client do	panic/Latino	FTHNICITY	RACE Please identify as many r			DISABI ING COND
☐ Hispanic/Latino ☐ American Indian or Alskan Native ☐ White ☐ Yes ☐ Yes ☐ Non Hispanic/Latino ☐ Asian ☐ Client doesn't know ☐ No ☐ No ☐ Client doesn't know ☐ Black / African American ☐ Client refused ☐ Client doesn't know ☐ Client doesn't know ☐ Client refused ☐ Client refused ☐ Native / Hawaiian or Other Pacific Islander ☐ Client refused ☐ Client refused ☐ Client refused ADDITIONAL HOUSEHOLD MEMBERS (IF NEEDED) LAST NAME FIRST NAME FIRST NAME FIRST NAME FIRST NAME M. INITIAL BIRTH DATE // / / RELATIONSHIP TO HO // / / RELATIONSHIP TO HO // / / Pemale ☐ Transgender Female to Male ☐ Client doesn't know ☐ Client refused ☐ Male ☐ Transgender Female to Male ☐ Client doesn't know ☐ Female ☐ Transgender Male to Female ☐ Doesn't identify as male, female, or transgender	panic/Latino			Doesn't identify as male, fema	ale, or transgender	
ETHNICITY RACE Please identify as many racial categories as needed. Hispanic/Latino	RACE Please identify as many racial categories as needed. VETERAN DISABLING COND			! *		
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ADDITIONAL HOUSEHOLD MEMBERS (IF NEEDED) LAST NAME	ONAL HOUSEHOLD MEMBERS (IF NEEDED) FIRST NAME	ADDITIONAL HOUSEH				
*This form is for EA only. If your program requires enrollment assessments please use the HMIS assessment form which can be found at maaclink.org ADDITIONAL HOUSEHOLD MEMBERS FIRST NAME M. INITIAL BIRTH DATE	ONAL HOUSEHOLD MEMBERS (IF NEEDED) FIRST NAME		*1			ATE / /
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