



*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

LAST NAME FIRST NAME MIDDLE INITIAL # IN HOUSEHOLD

STREET ADDRESS PHONE

CITY ST ZIP CODE BIRTH DATE / /

Email Address GENDER Male Transgender Female to Male Client doesn't know Female Transgender Male to Female Client refused Doesn't identify as male, female, or transgender

FAMILY TYPE RELATIONSHIP TO HEAD OF HOUSEHOLD Single Two Parent Household Single Parent/Female Single Parent/Male Two Adult/No Children Unknown Other Head of Household Child (Daughter/Son) Spouse/Partner Single Parent/Male Aunt/Uncle Cohabitant Cousin Foster Child Friend Grandchild Grandniece/nephew Grandparent Great Aunt/Uncle Great Grandchild Guardian Niece/Nephew Parent Sibling Unknown Other/Non-Family Other/Family

ETHNICITY RACE Please identify as many racial categories as needed. VETERAN DISABLING COND Hispanic/Latino Non Hispanic/Latino Client doesn't know Client refused American Indian or Alaskan Native Asian Black / African American Native / Hawaiian or Other Pacific Islander White Client doesn't know Client refused Yes No Client doesn't know Client refused Yes No Client doesn't know Client refused

HOUSING STATUS Category 1 - Homeless Category 2 - At Imminent risk of losing housing Category 3 - Homeless only under other federal statuses Category 4 - Fleeing domestic violence Stably Housed - rent Stably Housed - own At risk of homelessness Client doesn't know Client refused

ADDITIONAL HOUSEHOLD MEMBERS (IF NEEDED)

LAST NAME FIRST NAME M. INITIAL BIRTH DATE / / RELATIONSHIP TO HOH

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STANDARD INTAKE RECORD

DATE / /

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LAST NAME FIRST NAME MIDDLE INITIAL CLIENT ID

INCOME SOURCES AND AMOUNTS FOR LAST 30 DAYS

Income sources list including Earned Income, Unemployment Insurance, Supplemental Security Income (SSI), Social Security Disability Income (SSDI), VA Service Connected Disability Compensation, Private disability insurance, Worker's compensation, Temporary Assistance for Needy Families (TANF), General Assistance, Retirement income from Social Security, VA non-Service Connected Disability Pension, Pension from a former job, Child support, Alimony or other spousal support, Other, and TOTAL.

NON-CASH BENEFITS AND AMOUNTS CURRENTLY RECEIVING Please check box if amount is unknown.

Non-cash benefits list including SNAP/Food Stamps or money for food on a benefits card, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), TANF Child Care services/Transportation Services/Other TANF Services, Section 8, public housing, or other rental assistance, Other source, Temporary rental assistance, Child support, and TOTAL.

EXPENDITURE TYPES AND AMOUNTS FOR LAST 30 DAYS

Expenditure types list including Rent/Mortgage, Electricity, Gas/Heating Oil, Sewage/Trash, Telephone/Communications, Water, Food (excluding Food Stamps), Medical, Transportation, Car Payment, Gasoline, Insurance, Child Care, Health Insurance, Withholding Tax, Other, and TOTAL.

TOTAL HOUSEHOLD INCOME AND NET INCOME Net income is expenditures subtracted from household income.

Household Income \$ Net Income \$

REASON FOR ASSISTANCE Please only check the primary reason for assistance.

Reasons for assistance list including Not Working or Seeking Work, Sudden Job Loss, Unable to Find Employment, Non-Livable Wage, Medical - Short/Long Term, Eviction for Non-Payment, Property Condemned, Moving or Newly Relocated, Caring for Sick or Disabled Family Members, Weather or Natural Disaster, Unexpected Household Expense (non-medical), Other, Family Disruption, Fire, Crime Victim, and Homelessness.

ASSISTANCE TRANSACTION(S)

Assistance transactions list including Food (In-Kind), Food Vouchers/Coupons, Rent/Mortgage, Utility, Clothing, Furniture, Transportation, Medical, Other, and # of Items.

FUND(S) USED

Funds used list including Warmth & Light, Dollar Aide, Dollar Aide Credits, KCMO Water, ECIP, EFSP/FEMA, JCEAP, Project Warmth, NHN, City, County, Other, and \$.

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.

Applicant Signature Date Interviewer Signature Date



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