



\*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 INITIAL, # IN HOUSEHOLD

STREET ADDRESS, PHONE

CITY, ST, ZIP CODE, BIRTH DATE

Email Address, GENDER (Male, Transgender Female to Male, Client doesn't know)

SOCIAL SECURITY NUMBER (Client doesn't know, Client refused, Doesn't identify as male, female, or transgender)

FAMILY TYPE, RELATIONSHIP TO HEAD OF HOUSEHOLD

ETHNICITY, RACE, VETERAN, DISABLING COND

HOUSING STATUS

ADDITIONAL HOUSEHOLD MEMBERS (IF NEEDED)

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

SOCIAL SECURITY NUMBER, GENDER

GENDER (Male, Transgender Female to Male, Client doesn't know)

ETHNICITY, RACE, VETERAN, DISABLING COND

ADDITIONAL HOUSEHOLD MEMBERS (IF NEEDED)

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

SOCIAL SECURITY NUMBER, GENDER

GENDER (Male, Transgender Female to Male, Client doesn't know)

ETHNICITY, RACE, VETERAN, DISABLING COND



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DATE [ ] / [ ] / [ ]

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 TOTAL.

I verify the information provided on this form is correct.

X Applicant Signature Date X Interviewer Signature Date



DATE

DATE [ ] / [ ] / [ ]

ADDITIONAL HOUSEHOLD MEMBERS (IF NEEDED)

LAST NAME, FIRST NAME, M. INITIAL, BIRTH DATE, RELATIONSHIP TO HOH, SOCIAL SECURITY NUMBER, GENDER

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