

Client: Please complete this questionnaire. If you need assistance, please ask your Case Manager.
Information is for statistical purposes only & will be kept confidential.

Agency: _____ **Client Zip Code:** _____ **Date:** _____

Race:

<input type="checkbox"/> Caucasian (white)	<input type="checkbox"/> Hispanic	<input type="checkbox"/> African American (Black)
<input type="checkbox"/> Native American	<input type="checkbox"/> African	<input type="checkbox"/> Asian
<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Multi-racial	<input type="checkbox"/> Other _____

Family Status:

<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced
<input type="checkbox"/> Widowed			

Persons in household:

_____ Adult Male(s) (19 and over)	age(s) _____
(number & ages)	
_____ Adult Female(s) (19 and over)	age(s) _____
_____ Children (18 and under)	age(s) _____

Yearly Household Income: (check one)

- Less than \$6,000 per year
- \$6,000 - \$11,999 per year
- \$12,000 - \$17,999 per year
- \$18,000 - \$23,999 per year
- \$24,000 - \$35,999 per year
- \$36,000 and above per year

Place a (1) and (2) next to the top 1 or 2 reasons your client needs assistance:

- | | |
|---|---|
| <input type="checkbox"/> Death or Divorce | <input type="checkbox"/> Physical disease or disability |
| <input type="checkbox"/> Drug or alcohol rehabilitation | <input type="checkbox"/> Previously homeless |
| <input type="checkbox"/> Eviction | <input type="checkbox"/> Refugee or immigrant |
| <input type="checkbox"/> FCCS Involvement | <input type="checkbox"/> Relocation |
| <input type="checkbox"/> Fire victim | <input type="checkbox"/> Robbery victim |
| <input type="checkbox"/> Formerly incarcerated | <input type="checkbox"/> Victim of domestic violence |
| <input type="checkbox"/> Loss of job/unemployment | <input type="checkbox"/> Bed Bugs |
| <input type="checkbox"/> Mental disability | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> Other (specify) _____ | |