



Intake Form: DHRD-TANF

FAMILIES FIRST PROJECT

Last Name: _____ SSN: _____ - _____ - _____	First Name: _____ D.O.B. _____
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Tribal Membership

CSKT Members: please list your enrollment number. Number: _____	Tribe other than CSKT: Tribe: _____ Location: _____ Number: _____	1 st Generation Descendants. What tribe? _____
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Marital Status

Please indicate the descriptor that most closely matches your marital/relationship status.

Single Committed but Unmarried Married Divorced Widowed/Widower

If married or in a committed/long term relationship, please answer the following:

Name of Spouse/Significant Other: _____ Spouse's D.O.B: _____

If Spouse is a CSKT member please provide enrollment number: _____.

If Spouse is a member of another tribe please indicate tribe and enrollment number.

Tribe: _____, Enrollment #: _____

- CPS
 AR
 TANF
 FC
 VOC/REHAB
 WIOA
 FLO

How can we reach out to you?

Phone/Cell: _____ email: _____

Mailing Address: _____

Physical Address: _____

Household Information: (include all minor children under age 18 even if in placement)

<u>Child's Name</u>	<u>Age</u>	<u>Date of Birth</u>	<u>Indicate At Home or Other</u>

Tribal Social Services history: Are you or your children currently involved in Child Protective Services or had a recent history of involvement with Child Protective Services? Please describe your circumstances.

Employment Status: Are you employed? (Yes/No)

What is your current occupation? _____

With whom are you employed? _____

If unemployed are you currently seeking employment? (Yes/No).

Where? _____

Has your income increased or decreased in the past six (6) months? _____

By how much? _____

Education: Please circle the answer that best describes the amount of education you obtained.

High School: Diploma or Certificate GED or HiSET N/A

College: AA Major: _____ BA/BS Major: _____

Technical/Trade School? Please list program: _____

Who referred you to the Families First Program? _____

Please describe why you are coming to *Families First*:

Other Resources: For the following questions below, please circle the correct response as appropriate or supply other information in the space provided.

Are you currently on TANF? (Yes/No) If so, who is you Case Worker? _____

Do you currently receive SNAP/Food Stamps? (Yes/No)

Please describe your living circumstances.

Are currently on WIC? (Yes/No) **Are you currently receiving LIHEAP?** (Yes/No)

Are you with VOC REHAB? (Yes/No) If so, who is Case Worker? _____