

# GALAVAN APPLICANT INTAKE FORM

Your answers to these questions do not affect your eligibility criteria for Galavan services. This data is collected for HRDC's internal statistics and reporting to funding sources. Your thoroughness is greatly appreciated!

Name \_\_\_\_\_ Date \_\_\_\_\_  
Phone \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_  
Street Address \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Zip \_\_\_\_\_  
Emergency Contact/Phone \_\_\_\_\_

Gender:  M  F Hispanic/Latino:  Y  N Veteran:  Y  N Disabled:  Y  N  
Race:  White  American Indian/Native Alaskan  Black/African American  Asian  
 Native Hawaiian/Other Pacific Islander  Biracial/Multi-racial  Other  
Health Insurance:  Medicaid  Medicare  Private  None

Do you use a:
<input type="checkbox"/> power chair
<input type="checkbox"/> wheelchair
<input type="checkbox"/> walker

Marital Status *Please select the option that best describes your marital status:*  
 Single  Domestic partner  Married  Separated  Divorced  Widowed

Family Type *Please select the option that best describes your family:*  
 Single person  Single parent – female  Single parent – male  
 Two parent household  Two or more adults (no children)  Grandparent(s) raising child(ren)  
 Mixed adults with children  Extended family  Other

Income Estimated gross household income: \$ \_\_\_\_\_ /  week  month  year (check one)

Employment Are you employed?  Yes  No  Retired  Unable to work (disabled receiving SSI/SSD)  
IF **NO**, do you have a positive work history and/or skills?  Yes  No  
If **Yes**, are you employed  Full-time (32+ hrs/wk)  Part-time  
If **Yes**, is your hourly wage  Minimum Wage  above Minimum Wage  
If **Yes**, does your employer provide benefits?  Yes  No

Housing Status *Please select the option that best describes your current living situation:*  
 Homeless  Substandard or unsafe housing  Living with relatives or friends (temporary)  
 Home ownership  Emergency/temporary shelter \_\_\_\_\_  Transitional housing \_\_\_\_\_  
 **Subsidized** unaffordable rental (facing eviction? )  **Non-Subsidized** unaffordable rental (facing eviction? )  
 Unaffordable home (facing foreclosure? )  **Subsidized** safe/secure housing  **Non-Subsidized** safe/secure housing  
*In addition....*  Are you using a **Section 8 Voucher** to pay rent?

Education Level *Please select your highest level of education:*  
 None  1<sup>st</sup>-8<sup>th</sup>  9<sup>th</sup>-12<sup>th</sup> non-graduate  GED  HS diploma  Vocational / certificate training / some college  
 College – Associates or Bachelors  College – Masters or Doctorate

Transportation *Please select the option that best describes your access to transportation:*  
 No vehicle or access to public transportation  Rarely have transportation needs met  
 Some transportation needs are met  Most transportation needs are met  Transportation needs are always met

Childcare *Please select the option that best describes your childcare situation:*  Not applicable  
Child/Children...  
 enrolled in *unlicensed* childcare  not enrolled in any childcare  on waiting list for childcare  
 provided childcare by family/friend  enrolled in licensed *subsidized* childcare – *limited choice*  
 enrolled in licensed *subsidized* childcare – *of own choice*  enrolled in licensed *non-subsidized* childcare – *of own choice*

I authorize HRDC IX, Inc. to enter the information contained on this application in electronic database(s) for purposes of tracking services provided to my household, and reporting to federal, state, or other funding sources.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Intake by phone Intake completed by: \_\_\_\_\_ Client ID # \_\_\_\_\_  Head of Household  CAP#0 v3\_07182013