

Joi's Angels

Date of Intake _____ Intake worker _____ Primary Contact full name _____

Household Information

Housing Status _____ Family Type _____ Program / Service requested _____
 Own, Rent, Homeless, Other Permanent, Other _____
 Single person, 2 Adults (no kids), Single Parent (Female), Single Parent (Male), 2 Parent HH, Nonrelated Adults w/ kids, Multi-generation, Other _____

Physical Address

Date moved in (approximate) _____

Address1 _____ Address2 _____ Zipcode _____ City _____ State _____

Mailing Address

Date moved in (approximate) _____

Address1 _____ Address2 _____ Zipcode _____ City _____ State _____

Primary Contact Information

Phone(s): _____

E-mail: _____

First Name _____ Middle Name _____ Last Name _____ Suffix _____

SS# _____ DOB _____ Estimated? Y _____ Gender _____ Race (can list more than one) _____

Ethnicity: ☐ Hispanic ☐ Non-Hispanic / Not Latino Marital Status: ☐ Married ☐ Single ☐ Sep. ☐ Div. ☐ Widowed ☐ UnK
 (Adult only)

Languages: _____ Disability: ☐ Disabled ☐ Not Disabled

(can list more than one)

Health Ins: ☐ No Health Insurance
☐ Ins-Direct Purch (exchange, etc)
☐ Ins-Employment Based
☐ Ins-Medicare
☐ Ins-Military Health Care
☐ Ins-State Children's
☐ Ins-State Health Ins Adults

Highest Educ: _____
 (over 14 yrs old)

Veteran Status: ☐ Active Duty
 (Adult only) ☐ Not Veteran

Employment: _____

(Adult only)

☐ Empl-Full Time (inc. self employment)
☐ Empl-Part Time (incl multiple)
☐ Migrant Seas. Farm Wk
☐ School/Job Training
☐ Not in Labor Force/not seeking wk
☐ Unempl (< 6 mos)
☐ Unempl (> 6 mos)
☐ Retired

PROGRAMS OR SERVICES REQUESTED

Food/ Groceries _____ Prepared Meals _____ Toiletries _____ Gift Card _____
 Emergency Clothing _____ Referrals _____ Legal Assistance Referral _____ Photo ID _____
 Birth Certificate _____ SS Card _____ Transportation Assistance _____
 Back to School Supplies _____ Diapers _____ Size# _____ # of Diapered Children _____
 Baby Formula _____ Type _____
 Rental Assistance _____ Furniture _____ Utility _____ Homeless/Code Blue _____

APPLICATION SUPPORT

GA/TANF _____ SNAP _____ Social Security _____ SSI _____ Medicare/Medicaid _____
 Veterans _____ Senior Housing _____ LIHEAP _____

YOUTH PROGRAMS

Community Service _____ Afterschool Program _____ Youth Summer Employment _____

EMPLOYMENT SERVICES

Resume Development _____ Job Readiness Training _____ Job Referrals _____ Job Placement _____

Date of Intake		Intake worker		Primary Contact full name	
Additional Household Member		Phone(s):			
Relationship to Primary		Email:			
First Name		Middle Name		Last Name	
Suffix					
S#		DOB		Estimated? Y	
Gender		Race (can list more than one)			
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic / Not Latino		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Sep. <input type="checkbox"/> Div. <input type="checkbox"/> Widowed <input type="checkbox"/> UnK			
(Adult only)					
Languages: (can list more than one)		Disability: <input type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled			
Health Ins: <input type="checkbox"/> No Health Insurance		Highest Educ: (over 14 yrs old)		Employment: (Adult only)	
<input type="checkbox"/> Ins-Direct Purch (exchange,etc)		<input type="checkbox"/> Veteran Status: (Adult only)		<input type="checkbox"/> Empl-Full Time (inc. self employment)	
<input type="checkbox"/> Ins-Employment Based		<input type="checkbox"/> Active Duty		<input type="checkbox"/> Empl-Part Time (incl multiple)	
<input type="checkbox"/> Ins-Medicare		<input type="checkbox"/> Not Veteran		<input type="checkbox"/> Migrant Seas. Farm Wk	
<input type="checkbox"/> Ins-Military Health Care		<input type="checkbox"/> Veteran		<input type="checkbox"/> School/Job Training	
<input type="checkbox"/> Ins-State Children's		<input type="checkbox"/> Not Asked		<input type="checkbox"/> Not in Labor Force/not seeking wk	
<input type="checkbox"/> Ins-State Health Ins Adults		<input type="checkbox"/> Refused		<input type="checkbox"/> Unempl (< 6 months)	
				<input type="checkbox"/> Unempl (> 6 months)	
				<input type="checkbox"/> Retired	

Additional Household Member		Phone(s):			
Relationship to Primary		Email:			
First Name		Middle Name		Last Name	
Suffix					
S#		DOB		Estimated? Y	
Gender		Race (can list more than one)			
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic / Not Latino		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Sep. <input type="checkbox"/> Div. <input type="checkbox"/> Widowed <input type="checkbox"/> UnK			
(Adult only)					
Languages: (can list more than one)		Disability: <input type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled			
Health Ins: <input type="checkbox"/> No Health Insurance		Highest Educ: (over 14 yrs old)		Employment: (Adult only)	
<input type="checkbox"/> Ins-Direct Purch (exchange,etc)		<input type="checkbox"/> Veteran Status: (Adult only)		<input type="checkbox"/> Empl-Full Time (inc. self employment)	
<input type="checkbox"/> Ins-Employment Based		<input type="checkbox"/> Active Duty		<input type="checkbox"/> Empl-Part Time (incl multiple)	
<input type="checkbox"/> Ins-Medicare		<input type="checkbox"/> Not Veteran		<input type="checkbox"/> Migrant Seas. Farm Wk	
<input type="checkbox"/> Ins-Military Health Care		<input type="checkbox"/> Veteran		<input type="checkbox"/> School/Job Training	
<input type="checkbox"/> Ins-State Children's		<input type="checkbox"/> Not Asked		<input type="checkbox"/> Not in Labor Force/not seeking wk	
<input type="checkbox"/> Ins-State Health Ins Adults		<input type="checkbox"/> Refused		<input type="checkbox"/> Unempl (< 6 months)	
				<input type="checkbox"/> Unempl (> 6 months)	
				<input type="checkbox"/> Retired	

DOCUMENTS REQUIRED

- *Photo ID for all Adults
- *Social Security Cards for all Adults & Children
- *Birth Certificate for all Children

Proof of Income (all that apply)

- *1 month of pay stubs
- *SSI or Social Security award letter
- *Unemployment letter
- *Child Support
- *Statement of No Income

Rental Assistance

- *Current Lease or Proposed lease
- *Prior Lease
- *Landlord proff of ownership
- *Proof of Total Rental Amount and Section 8 Amount
- *Hardship letter of explanation of request for help

Baby Childen Diapers & more Services

- *Proof of SNAP
- *Proof of TANF
- *Proof of WIC
- *Proof of Program for Parents

Date of Income set _____ Intake worker _____ Primary Contact fulname _____

Household Income _____ ☐ This Household has NO INCOME (verified)

Individual HH Member Income _____

Name: _____ DOB _____ ☐ This Individual has NO INCOME (verified)

Income source	Amount	Pay Period					Paychecks
		Annual	Bi-Monthly	Bi-Weekly	Monthly	Weekly	
1 _____	_____	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	_____
2 _____	_____	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	_____
3 _____	_____	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	_____
4 _____	_____	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	_____
5 _____	_____	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	_____

Name: _____ DOB _____ ☐ This Individual has NO INCOME (verified)

Income source	Amount	Pay Period					Paychecks
		Annual	Bi-Monthly	Bi-Weekly	Monthly	Weekly	
1 _____	_____	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	_____
2 _____	_____	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	_____
3 _____	_____	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	_____
4 _____	_____	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	_____
5 _____	_____	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	_____

Date of this Benefits set _____

Intake worker _____

Primary Contact full name _____

Household Benefits
☐ This Household reports NO BENEFITS

	Benefit Item	Received?	Benefit Amt (\$)	Period (*see below)	Participants receiving	Date Expires
1	SNAP	<input type="checkbox"/>				
2	WIC	<input type="checkbox"/>				
3	Energy Assistance	<input type="checkbox"/>				
4	Child Care Subsidy	<input type="checkbox"/>				
5	Housing Choice Voucher	<input type="checkbox"/>				
6	Public Housing	<input type="checkbox"/>				
7	Permanent Supportive Housing	<input type="checkbox"/>				
8	HUD VASH	<input type="checkbox"/>				
8	Affordable Care Act Subsidy	<input type="checkbox"/>				

* Periods: Daily Semi Monthly Quarterly
 Weekly Monthly Annual
 BiWeekly Bi Monthly

Applicant's Signature _____

FOR OFFICE USE ONLY!!!**APPROVAL/DENIAL**

Services Approved/Denied _____

Date Approved/Denied _____

Exception Request _____

NOTES _____