

Washington Gorge Action Programs

115 W Steuben, Bingen, WA 98605
 PO Box 805, Bingen, WA 98605
 Phone: (509) 493-2662 Fax: (509) 493-4430

Today's Date / /

Client Intake Form

Staff Initials: _____

PERSONAL INFORMATION / HEAD OF HOUSEHOLD			
First Name	Middle Name (or initial)	Last Name	Birth Date (mm/dd/yyyy)
Gender (circle one)	Race (circle one)		Ethnicity (circle one)
Male Female Transgender Non-binary Two-Spirit Prefer not to answer Prefer to self describe: _____	American Indian, Native American, Alaska Native Native Hawaiian/Pacific Islander Middle Eastern/North African Hispanic or Latino/a/x/e Prefer to self describe: _____	White Black Asian Multiple Races Prefer not to answer	Hispanic or Latino/a/x/e NOT Hispanic or Latino/a/x/e
			Veteran
			YES NO
			Living with a disability
			YES NO
Education (circle one)		Other State Services	
0- 8th Grade	Associate Degree	SNAP / Food Stamps	WIC
9th -12 Graduate	Bachelors Degree	YES NO	YES NO
9th -12th Non Graduate	Masters Degree		
GED	Some College (no degree)		
Health Coverage			
YES NO			

INCOME INFORMATION			
Source of Income (Circle all that apply)			Montly Gross
Employment	Unemployment Benefits	Social Security	Supplemental Securiry Income (SSI)
Pension	General Assistance (GAU)	TANF	Social Security Disability Insurance (SSDI)
Child Support	Agricultural Earned Income	Other	

HOUSING INFORMATION		
Address	City	County
Physical:		
Mailing:		Zip Code:
Phone No:	Work No:	Message No:

Household Type (Circle)		Marital Status (Circle)	
Two Parent Family	Couple	Single	Married
Single Parent Living With Partner	Single	Widowed	Divorced / Separated
Multi-Generational Household	Single Parent	Prefer to self describe _____	
Prefer to self describe: _____			
Housing Status	x	Housing Type	x
Owner		House	
Renter		Apartment	
In Lieu Site		Duplex / Multi	
Houseless - Tents or RV Park		Mobile Home	
Houseless - doubled up, couch surfing, etc.		Studio	
Board (room rental)			
Prefer to self describe: _____			
			Monthly Rent / House Payment
			\$ _____
			Are you currently receiving rental assistance?
			YES NO

ADDITIONAL HOUSEHOLD MEMBERS
List ALL additional persons residing in the home

1. Name (First and Last)		Ethnicity	Birth Date	Relationship
	Gender	Lives with a Disability	Education	SNAP
		YES NO		YES NO

2. Name (First and Last)		Ethnicity	Birth Date	Relationship
	Gender	Lives with a Disability	Education	SNAP
		YES NO		YES NO

3. Name (First and Last)		Ethnicity	Birth Date	Relationship
	Gender	Lives with a Disability	Education	SNAP
		YES NO		YES NO

4. Name (First and Last)		Ethnicity	Birth Date	Relationship
	Gender	Lives with a Disability	Education	SNAP
		YES NO		YES NO

5. Name (First and Last)		Ethnicity	Birth Date	Relationship
	Gender	Lives with a Disability	Education	SNAP
		YES NO		YES NO

6. Name (First and Last)		Ethnicity	Birth Date	Relationship
	Gender	Lives with a Disability	Education	SNAP
		YES NO		YES NO

APPLICANT CERTIFICATION

The information provided by me to establish my eligibility is true and accurate to the best of my knowledge. I consent to the independent verification of the information by the authorized agent of the agency or its government funding source.

Briefly explain what support you are looking for:

Applicant Signature: _____

Date: _____