LEADS
A COMMUNITY ACTION AGENCY

CSBG/ Client Information Form

E-Mail Address: _____

SS# _____ **LAST NAME** _____ **FIRST NAME** _____

DATE OF BIRTH: _____ **ADDRESS** _____

CITY _____ **ZIP CODE** _____ **TELEPHONE ( )** _____

GENDER
☐ FEMALE ☐ MALE

DISABLED
☐ YES ☐ NO

ETHNICITY
☐ B. BLACK/AFRICAN AMER. ☐ H. HISPANIC ☐ A. ASIAN
☐ W. WHITE ☐ N. NATIVE AMER. ☐ O. OTHER

EDUCATION
☐ A. 0 - 8
☐ B. 9-12 (NON-GRAD)
☐ C. HS GRAD/GED
☐ D. 12 +
☐ E. UNKNOWN
☐ F. COLLEGE GRAD

FOOD STAMPS
☐ YES ☐ N

HEALTH INSURANCE
☐ A. MEDICAID ☐ D. SELF-INS
☐ B. MEDICARE ☐ E. NONE
☐ C. PRIVATE ☐ F. UNKNOWN

FARMER
☐ A. FARMER
☐ B. MIGRANT
☐ C. SEASON

VETERAN
☐ YES
☐ NO

 # IN HSHLD

FAMILY TYPE
☐ F. SINGLE PAR/FEMALE ☐ S. SINGLE
☐ M. SINGLE PAR/MALE ☐ C. COUPLE
☐ T. TWO PARENT ☐ O. OTHER

HOUSING
☐ OWN
☐ RENT
☐ HOMELESS

CLIENT INCOME
☐ A. WEEKLY ☐ D. ANNUAL
☐ B. BI-WEEKLY ☐ E. 13 WEEKS
☐ C. MONTHLY ☐ AMOUNT:

SOURCES OF INCOME
☐ A. EMPLOYMENT ☐ C. SOCIAL SECURITY ☐ E. DA ☐ G. PENSIONS ☐ I. OTHER:
☐ B. UNEMPLOYMENT ☐ D. AFDC/TANF ☐ F. SSI/SSD ☐ H. DISABILITY

SITE:

HOUSEHOLD MEMBERS

SS #					
LAST NAME					
FIRST NAME					
DATE OF BIRTH					
GENDER					
DISABLED					
ETHNICITY					
EDUCATION					
HEALTH INS					
VETERAN					
INCOME: PERIOD					
AMOUNT					
SOURCE					

ID#								
UNITS								
DATE								

	NAME	DATE
INTAKE		
DATA ENTRY		

EQUAL OPPORTUNITY- It is the policy of the agency to offer equal opportunity to all-persons without regard to race,religion,national orgin, sex age, political affiliation or handicap.

COMPLAINT PROCEDURES- If you have a complaint related to the completion of services that you have received from LEADS, you have the right to file an appeal. This appeal must be made with-in 30 days from the date of services. Please make your appeal in writing to: Terry Boehm, Community Service Director, 160 Wilson Street, Newark, Ohio 43055

I certify that this statement is true and correct to the best of my knowledge and authorize the release of any or all information necessary for verification purposes.

_____
SIGNATURE OF CLIENT DATE

COMMENTS