

**CAB, The Shelter Project – Client Intake Form**

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Resident Address: \_\_\_\_\_ City & State: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City & State: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Total Income: \_\_\_\_\_

Gender	
Male	
Female	

**Applicant's Statement:** I certify that the information I have given on this form is correct to the best of my knowledge and that it is not provided with the intent to fraud. I hereby acknowledge that the information relating determination of my eligibility may require verification and/or documentation and by my signature, I authorize other to release such information as may be required for the determination of my eligibility.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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***Please check the boxes that apply to you***

**Location of Residence:**

- |  |  |
|--|--|
| <input type="checkbox"/> City of Capitola              | <input type="checkbox"/> City of Santa Cruz            |
| <input type="checkbox"/> City of Scotts Valley         | <input type="checkbox"/> City of Watsonville           |
| <input type="checkbox"/> Unic. Mid Santa Cruz County   | <input type="checkbox"/> Unic. North Santa Cruz County |
| <input type="checkbox"/> Unic. San Lorenzo County      | <input type="checkbox"/> Unic. South Santa Cruz County |
| <input type="checkbox"/> Other – Non Santa Cruz County |  |

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**Ethnicity/ Race:**

- |   |  |                                   |
|---|--|-----------------------------------|
| <input type="checkbox"/> Black/ Not Hispanic      | <input type="checkbox"/> White/ Not Hispanic     | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Native American/ Alaskan | <input type="checkbox"/> Asian/ Pacific Islander | <input type="checkbox"/> Other    |

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**Education:**

- |                              |  |   |
|------------------------------|--|---|
| <input type="checkbox"/> 0-8 | <input type="checkbox"/> 9-12/non grad         | <input type="checkbox"/> High School Grad/GED |
| <input type="checkbox"/> 12+ | <input type="checkbox"/> 2/4 yr college degree |   |

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**Other Characteristics:**

- |                               |                              |                             |
|-------------------------------|------------------------------|-----------------------------|
| Do you have Health Insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you disabled?             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you a Veteran?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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**Family Type:**

- Single parent/ female
- Single parent/ male
- 2-parent household
- Single person
- 2 Adults – no children
- Other

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**Teen Parent less than 20 yrs:**

- Married
- Single

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**Other Family Characteristics:**

- Farmer
- Migrant Farm worker
- Seasonal Farm worker

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**Housing:**

- |                              |                               |                                   |                                |
|------------------------------|-------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Own | <input type="checkbox"/> Rent | <input type="checkbox"/> Homeless | <input type="checkbox"/> Other |
|------------------------------|-------------------------------|-----------------------------------|--------------------------------|

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**Sources of Family Income:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> No Income          | <input type="checkbox"/> CalWorks-Participant    | <input type="checkbox"/> CalWorks-Non-Participant   |
| <input type="checkbox"/> SSI                | <input type="checkbox"/> Social Security         | <input type="checkbox"/> Pension                    |
| <input type="checkbox"/> General Assistance | <input type="checkbox"/> Unemployment Insurance  | <input type="checkbox"/> Food Stamps                |
| <input type="checkbox"/> Veterans Benefits  | <input type="checkbox"/> Long-term Housing Asst. | <input type="checkbox"/> Employment – other sources |
| <input type="checkbox"/> Employment only    | <input type="checkbox"/> Other                   |   |

**List all family members living with you, adults and children: (don't list yourself here)**

1. Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Gender:  Male  Female SS# \_\_\_\_\_  
Ethnicity/Race: \_\_\_\_\_ Education (Grade Level): \_\_\_\_\_  
Health Insurance:  Yes  No Disabled:  Yes  No Veteran:  Yes  No

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2. Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Gender:  Male  Female SS# \_\_\_\_\_  
Ethnicity/Race: \_\_\_\_\_ Education (Grade Level): \_\_\_\_\_  
Health Insurance:  Yes  No Disabled:  Yes  No Veteran:  Yes  No

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3. Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Gender:  Male  Female SS# \_\_\_\_\_  
Ethnicity/Race: \_\_\_\_\_ Education (Grade Level): \_\_\_\_\_  
Health Insurance:  Yes  No Disabled:  Yes  No Veteran:  Yes  No

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4. Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Gender:  Male  Female SS# \_\_\_\_\_  
Ethnicity/Race: \_\_\_\_\_ Education (Grade Level): \_\_\_\_\_  
Health Insurance:  Yes  No Disabled:  Yes  No Veteran:  Yes  No

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5. Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Gender:  Male  Female SS# \_\_\_\_\_  
Ethnicity/Race: \_\_\_\_\_ Education (Grade Level): \_\_\_\_\_  
Health Insurance:  Yes  No Disabled:  Yes  No Veteran:  Yes  No

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6. Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Gender:  Male  Female SS# \_\_\_\_\_  
Ethnicity/Race: \_\_\_\_\_ Education (Grade Level): \_\_\_\_\_  
Health Insurance:  Yes  No Disabled:  Yes  No Veteran:  Yes  No

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7. Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Gender:  Male  Female SS# \_\_\_\_\_  
Ethnicity/Race: \_\_\_\_\_ Education (Grade Level): \_\_\_\_\_  
Health Insurance:  Yes  No Disabled:  Yes  No Veteran:  Yes  No

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8. Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Gender:  Male  Female SS# \_\_\_\_\_  
Ethnicity/Race: \_\_\_\_\_ Education (Grade Level): \_\_\_\_\_  
Health Insurance:  Yes  No Disabled:  Yes  No Veteran:  Yes  No

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9. Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Gender:  Male  Female SS# \_\_\_\_\_  
Ethnicity/Race: \_\_\_\_\_ Education (Grade Level): \_\_\_\_\_  
Health Insurance:  Yes  No Disabled:  Yes  No Veteran:  Yes  No