

Today's Date

WRIGHT COUNTY COMMUNITY ACTION, INC.

130 W DIVISION ST, P.O. BOX 787, MAPLE LAKE, MN 55358

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www.wccaweb.com



CLIENT INTAKE FORM (OPTIONAL)

Program Applying For _____

1. HEAD OF HOUSEHOLD INFORMATION

First Name	Last Name	Email Address	Address	City	Zip Code
County	Home Phone	Cell Phone	Do you or your children need translator services? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	() -	() -	What is the household's primary language? _____		

2. HOUSEHOLD MEMBERS

Full Name of all household members including yourself	Gender	Pronouns (Optional)	Date of Birth	Race (see key)	Work Status (see key)	Health Coverage (see key)	Last Grade Completed	Disabled	Military Status (see key)	Hispanic/Latino	Currently in School
1. Self (same as above)			__/__/__					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.			__/__/__					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.			__/__/__					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.			__/__/__					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.			__/__/__					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.			__/__/__					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.			__/__/__					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.			__/__/__					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

KEY

Race	Work Status	Health Coverage	Military Status
(W) White (B) Black/African American (A) Asian (I) American Indian/Alaskan Native (H) Native Hawaiian/Pacific Islander (M) Multi-Racial (O) Other: _____	(f) Full-Time (p) Part-Time (c) Contract (t) Temporary (r) Retired (l) Unemployed 6 months or less (g) Unemployed more than 6 months (u) Unemployed (not in labor force) (s) Migrant Seasonal farm worker	(W) Medical Assistance (B) Minnesota Care (A) Medicaid (I) Medicare (H) Private (through employment) (M) Private (direct-purchase) (O) Military Health Insurance	(a) Active (b) N/A (c) Veteran

ADDITIONAL HOUSEHOLD MEMBERS

Full Name of all household members including yourself	Gender	Date of Birth	Race <small>(see key)</small>	Work Status <small>(see key)</small>	Health Coverage <small>(see key)</small>	Last Grade Completed	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Status <small>(see key)</small>	Hispanic/Latino	Currently in School
1.		___/___/___					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		___/___/___					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		___/___/___					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		___/___/___					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.		___/___/___					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.		___/___/___					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.		___/___/___					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.		___/___/___					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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