

TREASURE COAST HOMELESS SERVICES COUNCIL @/#

INTAKE

Name: _____ DOB: _____ SS#: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Work #: _____ Cell: _____

Email: _____ Sex (C one)? Male Female

Highest Level of Education _____ Post-Secondary? _____

Household Members	Social Security #	Relationship/ Highest Level of Education	Sex	Disabled	Veteran	DOB	AGE	Yearly Income	Income Source

Annual Household Income: \$ _____ Number of people in the household: _____

Food Stamps? Yes No If yes how much? _____ TANF? Yes No If yes how much? _____

Number of visits to emergency room in past year: _____ Numbers of nights in jail/ prison in past year: _____

Numbers of nights spent in an inpatient medical facility in the past year: _____

Prior Residence:

Residence Prior to Entry: _____

Length of Stay: _____

Time on the streets, Emergency Shelter, or Safe Haven:

Clients entering from the streets: _____

Approximate date started: _____

Regardless of where they stayed last night- Number of times the client has been on the streets,

in ES, or SH in the past three years including today: _____

Insurance:

Health Insurance: _____ _____

@

TCHSC INCOME ELIGIBILITY CALCULATION

Treasure Coast Homeless Services Council 2525 St. Lucie Avenue Vero Beach, FL 32960 772-567-7790

Household Member Name	Age of Household Member	Source of Monthly Household Income	Gross Documented Income amount	Frequency of income <small>(Weekly, bi-weekly, etc.)</small>	Annual Gross income <small>(amount X's # of payments per year)</small>
Total Household Members (Household Size)			Annual Gross	Monthly Gross	
Check 50% of Area Median Income for Household Size					
Help Calculate ONE month only of Weekly paychecks to enter above in Gross 8 cumented Income					
Paycheck 1		Paycheck 3		Total of Average:	
Paycheck 2		Paycheck 4			

Client _____ **Date:** _____

Case Manager _____ **Date:** _____