



SOLUTIONS TO END POVERTY SOON – (STEPS) INTAKE FORM

Date: _____

First Name: _____ M. I. _____ Last Name: _____

Current Address _____ City _____

State _____ Zip Code _____

Date of Birth (mm/dd/yyyy): _____ / _____ / _____ Social Security #: _____
(Last four digits)

Marital Status: Single ___ Married ___ Separated ___ Divorced ___ Widowed ___

Family Size _____ Head of Household's Name _____

Citizen Yes ___ No ___ (Green Card ___)

Tell Us about Your Last Permanent Address *(where you last lived for 30 days or more)*

City _____ County _____ State _____

Phone# _____ Cell Phone# _____

Email: _____ Contact Preference: _____

Gender: Male Female Transgender Male to Female Transgender Female to Male Doesn't identify as male, female, or transgender Client Doesn't Know Client Refused

Race (choose all that apply): American Indian or Alaska Native Asian Black or African American

Hispanic/Latino

Native Hawaiian or Other Pacific Islander White

Veteran Status: (Served/Serving in US Military): Yes No



Landlord Contact Information

First Name: _____ Last Name: _____

Phone Number: _____ Cell Phone: _____

- Are You Homeless? (Housing Status):**
- Category 1- Homeless
 - Category 2- Imminently losing housing
 - Category 3- Homeless under other Federal statutes
 - Category 4- Fleeing domestic
 - at risk of losing housing
 - Client Doesn't Know

Income & Benefits - Income Source (Choose all that apply)

Earned Income (i.e. employment income) \$ _____
Unemployment Insurance \$ _____
Supplemental Security Income (SSI) \$ _____
Social Security Disability Income (SSDI) \$ _____
Veteran's Service-Connected Disability Compensation \$ _____
Veteran's Non-Service-Connected Disability Compensation \$ _____
Worker's Compensation \$ _____
Temporary Assistance for Needy Families (TANF) \$ _____
General Assistance (GA) \$ _____
Retirement Income from Social Security \$ _____
Pension from Former Job \$ _____
Child Support \$ _____
Alimony/Other Spousal Support \$ _____
Other Sources \$ _____
Non-Cash Benefits (Choose all that applies)
None _____ Client Doesn't Know _____ Client Refused _____



Other Benefit Source: _____

Food Stamps/SNAP _\$ _____ (amount optional)
TANF Child Care
Temporary Rental Assistance
TANF Transportation Services
Section 8 or Rental Assistance
WIC (Women, Infants and Children)
Other TANF-funded Services

HEALTH INSURANCE

No Health Insurance
MEDICAID/ MEDICARE
Veterans - VA Medical
Other _____

Client Refused

Are you currently living in subsidized housing or are you currently receiving rental assistance? Yes No
If yes, what program? _____

How long have you lived at your current residence? _____ Months _____ Years

Do you rent or own? Rent Own

What caused you to fall behind in your monthly rent? (CIRCLE ALL THAT APPLY)

Medical Emergency Loss or Delay in Benefits Loss of Income Natural Disaster (fire, flood, etc.) Pandemic

Unexpected/ Unusual Expense (Explain): _____

Permanent Change in Household Composition Domestic Violence (if yes, is there a current restraining Order)

Other: _____

Do you have an eviction summons or a warrant of removal from the court with a docket number on it? Yes NO
If yes, please provide docket #/ court date/lock out date? _____

How much do you owe? _____ **Have you applied for assistance from any other program?** Yes No

If yes, where _____ When do you expect to hear from them? _____