

**CC-V Adult Education Center
Intake Form**

- **NAME:** _____
- **ADDRESS:** _____

- **BIRTH DATE (MM/DD/YYYY):** _____
- **PHONE NUMBER:** _____
- **INTERVIEWED BY:** _____
- **NUMBER IN HOUSEHOLD:** _____
- **EMAIL:** _____
- **HOW DID YOU HEAR ABOUT US?**
 - Family
 - Friend
 - Telephone Call
 - Center's Sign
 - Agency
 - Other: _____
- **ASSISTANCE PROGRAMS**
 - TANF (Temporary Assistance for Needy Families)
 - SSI (Supplemental Security Income)
 - SSDI (Social Security Disability Insurance)
 - Veterans Compensation
 - Food Stamps
 - General Assistance
 - Free/Reduced School Lunch
 - Medicaid
 - Do Not Receive Any Assistance

● **EMPLOYMENT STATUS:**

- **Employed** **full-time** **part-time**
- **Unemployed**
- **Public Assistance**
- **Retired**
- **Student**
- **Social Security**

● **HOME LANGUAGE:** _____

● **TOTAL INCOME FOR HOUSEHOLD \$** _____ **Monthly**

Staff NOTES Only

REFERRED TO:

NOTES::
