

**CLIENT TRACK APPLICATION INFORMATION**

FULL NAME: \_\_\_\_\_  
 LAST FIRST MIDDLE INITIAL  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ APARTMENT NUMBER \_\_\_\_\_  
 STATE ZIP CODE COUNTY  
 CONTACT PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
 If cell number name of your cell carrier: \_\_\_\_\_

<b>ETHNICITY CODES</b> A. Hispanic or Latino B. Not Hispanic or Latino	<b>RACE CODES</b> A. Black/African American B. White C. Asian D. Multi-Race E. Native Hawaiian/Pacific Island F. American Indian/Alaska Nat G. Other/Don't Know H. Refused Have you received utility assistance in the last 12 months? ___ Yes ___ NO	<b>Health Insurance Codes</b> A. Medicare B. Medicaid C. Hoosier Healthwise D. Medicaid Select E. Other Providers F. None
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Household Members First and Last Name	Date of Birth xx/xx/xxxx	Relationship To you	Social Security Number	Ethnicity Code	Race Code	Disabled Y/N	Veteran Y/N	Pregnant Y/N	Last Grade Of School Completed	Health Insurance Code	Annual Income
		SELF									

Where do you currently live?  
 Own Home       Rent Unsubsidized       Rent Subsidized (HUD, Sect 8, Shelter Plus Care, Public Housing )  
 Homeless       Living with Friends/Family       At Risk of Eviction/Foreclosure  
 Don't Know       Other Please Specify \_\_\_\_\_

Please mark all types of income you receive:  
 TANF       Food Stamps (SNAP)       Medicaid       Medicare       Wage  
 Child Support       Interest/Dividends       Unemployment       SS/SSI/SSDI  
 Self-Employment       Pension/Retirement       Other Please Specify \_\_\_\_\_

What is your marriage status?  
 Single       Widowed       Divorced       Living Together       Married & Living w/Spouse       Civil Union       Married & Not living w/Spouse

**OFFICE USE ONLY:** Program Name: \_\_\_\_\_ Intake person: \_\_\_\_\_ Date: \_\_\_\_\_