

Client Intake Survey Form 2023



PRIMARY TAXPAYER INFORMATION

Your name must match ITIN/Social Security or Passport

First Name: _____ Middle: _____ Last Name: _____ Sex (Circle): F M Non-Binary

Mailing Address: _____

City: _____ State: NJ Zip Code: _____ Date of Birth _____

Email (write 'none' if you don't have email): _____

Cell Phone: _____ Alternate Phone: _____

Marital Status (CIRCLE ONE): Single Separated/Divorced Married Widowed Domestic Partner

Preferred Language (CIRCLE ONE): ENGLISH SPANISH ARABIC POLISH MANDARIN OTHER: _____

Are you a seasonal worker (CIRCLE ONE): YES NO

Are you a veteran? (CIRCLE ONE): YES NO

Race/Ethnicity (CIRCLE ONE): White Black or African American Hispanic Middle Eastern American Indian or Alaska Native Asian Multi-ethnicity
 Native Hawaiian or Other Pacific Islander

CIRCLE the highest degree or level of school YOU have completed (CIRCLE ONE):

Less than HS HS Diploma/GED Technical Program/Certification Some college Associate Bachelor Masters PhDs

What kind of health Coverage do you have? (CIRCLE all that apply): None Hospital Assistance (Charity Care/Yellow Card) Medicaid Medicare Private Insurance

SECONDARY TAXPAYER INFORMATION

First Name: _____ Middle: _____ Last Name: _____ Sex (Circle): F M Non-Binary

Email (Required): _____ Cell/Alternate Phone: _____ Date of Birth _____

Preferred Language (CIRCLE ONE): ENGLISH SPANISH ARABIC POLISH MANDARIN OTHER: _____

Are you a seasonal worker (CIRCLE ONE): YES NO

Are you a veteran? (CIRCLE ONE): YES NO

Race/Ethnicity (CIRCLE ONE): White Black or African American Hispanic Middle Eastern American Indian or Alaska Native Asian Multi-ethnicity
 Native Hawaiian or Other Pacific Islander

CIRCLE the highest degree or level of school YOU have completed (CIRCLE ONE):

Less than HS HS Diploma/GED Technical Program/Certification Some college Associate Bachelor Masters PhDs

What kind of health Coverage do you have? (CIRCLE all that apply): None Hospital Assistance (Charity Care/Yellow Card) Medicaid Medicare Private Insurance

Client Intake Survey Form 2023



United Way
of Hunterdon County

Your answers to questions below are for grant purposes only and will not impact your eligibility for this program.

HOUSEHOLD

Household Income Ranges (CIRCLE ONE):

No Income	Social Security	Income Only	\$1K-\$9K	\$10K-\$15K
\$16K-\$20K	\$21K-\$25K	\$26K-\$30K	\$31K-\$35K	\$36K-\$40K
\$41K-\$45K	\$46K-\$50K	\$51K-\$55K	\$56K-\$60K	\$61K-\$65K
\$66K-\$70K	\$71K-\$75K	\$76K-\$80K	\$81K-\$85K	\$86K-\$90K
\$91K-\$95K	\$95K-\$100K	\$100K+		

(Note: Unemployment, alimony, etc., count as income).

Do you receive Social Security Payments (CIRCLE ONE): YES NO

How are you paid (CIRCLE all that apply): Cash Check Direct Deposit

Do you have a savings account? (CIRCLE ONE) YES NO

Size of Household: (Note: Your immediate family- those whom you support)

Of Children in Household: _____ # of Adults in Household: _____

What is your current living situation? (CIRCLE ONE):

Rent an Apartment Rent a Room Own a home/Mortgage

Live with friends/family None of these

Do you receive a subsidy for your housing (e.g., Section 8): YES NO

How much is your mortgage or rent per month? _____

TECHNOLOGY

Do you have Internet access? CIRCLE: YES NO

Do you have a working: laptop/desktop? CIRCLE: YES NO

Do you have a working: iPad/Tablet? CIRCLE: YES NO

TRANSPORTATION

What is your means of transportation? CIRCLE ALL THAT APPLY:

Taxi Walking Own a car Bicycle Friends Link

HEALTH

Taxpayer 1 Taxpayer 2

<u>Do you have a medical home/primary physician?</u>	YES / NO	YES / NO	YES / NO
<u>Have you had an annual physical within the last 2 years?</u>	YES / NO	YES / NO	YES / NO
<u>Have you been to a dentist in the last year?</u>	YES / NO	YES / NO	YES / NO

What is your CHILD'S Health Coverage? CIRCLE ALL THAT APPLY:

None Hospital Assistance (Charity Care/Yellow Card)

Medicaid (NJ Family Care/Horizon) Private Insurance

CHILDCARE

Do you have a child between the ages of 0-5 years? CIRCLE: YES NO

Are you currently pregnant? CIRCLE: YES NO

Do you need childcare now or in the future? CIRCLE YES NO

Do you use any of the following for childcare now:

Family Member Friend or in-home childcare provided

Childcare Center Early Head Start/Head Start None

All information from this form will be kept confidential, except for reporting purposes for United Way of Hunterdon County. Reports will never contain personal information.