

STANISLAUS COUNTY AAA PROGRAM INTAKE

First Name:	MI:	Last Name:		
Address:		City:		Zip
Mail address if different:		City:		Zip
Home Phone:		Mobile:		Alternate:
Date registered:		Marital status:		*Gender:
*DOB:		SSN:		Referred by:
Emergency Contact name:		Relationship		Phone:

*Ethnicity:	<input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Declined to State		
*Race: Please check only one:	<input type="checkbox"/> Declined to State		
<input type="checkbox"/> White <input type="checkbox"/> Black / African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other Race <input type="checkbox"/> Multiple Race <input type="checkbox"/> Asian Select nationality if desired: <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino <input type="checkbox"/> Laotian <input type="checkbox"/> Other Asian <input type="checkbox"/> Hawaiian/Other Pacific Islander	<input type="checkbox"/> Japanese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Samoan	<input type="checkbox"/> Korean <input type="checkbox"/> Other Pacific Islander

Income: Is the household income at or below the amount listed below for the number of people in the household? Circle one: YES or NO

Size of family	1	2	3	4
Monthly Income (2012 FPL)	931/mo	1,261	1,591	1,921

***Federal Poverty Level (FPL)** At or below FPL Above FPL Declined to State

***Live Alone?** Yes No Declined to State Lives with:

Notes:

