

# OZARK OPPORTUNITIES, INC.

## INTAKE FORM

Program \_\_\_\_\_

Applicant/Parent \_\_\_\_\_ Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_ County \_\_\_\_\_ Email \_\_\_\_\_

Does Household Receive Food Stamps?  Yes  No Benefit Amount \_\_\_\_\_ /Month

Family Type (choose one)  Single Parent/Female  Single Parent/Male  Single Person  
 Two Parent Household  Two Adults/No Children  Other

Marital Status (choose one)  Married  Divorced  Separated  Widowed  Never Married

Family Size (choose one)  1  2  3  4  5  6  7  8  9  10 or more

Housing (choose one)  Own  Rent  Homeless  Living with Friends/Family  Shelter/Transitional Housing  
 Other  Housing Assistance (If marked, please fill in benefit amount.) Benefit Amount \_\_\_\_\_ /Month

Name of Household Members (Include Self)	Relationship to Applicant	Sex	Race	Social Security Number	Date of Birth	Education Level	Monthly Income	Income Source	Disabled	Veteran	Health Insurance
	Self								Y N	Y N	Y N
									Y N	Y N	Y N
									Y N	Y N	Y N
									Y N	Y N	Y N
									Y N	Y N	Y N
									Y N	Y N	Y N
									Y N	Y N	Y N
									Y N	Y N	Y N

**Note:** Income sources include TEA, SSI, SS, Pension, Unemployment benefits, Employment, Child Support, etc.

Medicare & Medicaid are considered health insurance.

I certify that the above information is true and correct. My signature below authorizes Ozark Opportunities, Inc. to release information relating to my application and to obtain information from other agencies in order to determine eligibility for assistance. I also give Ozark Opportunities, Inc. permission to use non-identifying information in this application to gather general statistical information is compiled with other households to create a report for funding sources.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

OOI Staff Member Signature \_\_\_\_\_ Date \_\_\_\_\_