

# Client History

## Head of Household Information

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex: M F

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

U.S. Citizen: Yes No

Veteran Yes No

Other Phone \_\_\_\_\_

Do you have transportation to PROP? Yes No

### Ethnic Background (Check One)

### Household Information (Check One)

- Caucasian (White)
- East African (including Somalia)
- African American (Black)
- East European (including Russian)
- Hispanic/Latino
- Asian
- West African
- American Indian or Alaska Native
- Native Hawaiian or Pacific Islander
- Unknown/other
- More than one

- 2 or more adults with children under 18 yrs. old
- 2 or more adults – no children
- Single female with children under 18 yrs. old
- Single male with children under 18 yrs. old
- Single Person

What languages do you speak?  
\_\_\_\_\_

Alternate Contact \_\_\_\_\_

Phone \_\_\_\_\_

Names of adults (18 years and older) in the household	Relationship	Birthdate	M/F
1			
2			
3			

Names of children in the household (17 years and younger)	Relationship	Birthdate	M/F
1			
2			
3			

(space for more household members on the back of this form)

I certify that the information given above is true and accurate to the best of my knowledge. We reserve the right to refuse services for fraudulent information.

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

**Additional members in the household**

<b>Names of adults (18 years and older) in the household</b>	<b>Relationship</b>	<b>Birthdate</b>	<b>M/F</b>
4			
5			
6			

<b>Names of children in the household (17 years and younger)</b>	<b>Relationship</b>	<b>Birthdate</b>	<b>M/F</b>
4			
5			
6			
7			
8			
9			
10			