# PATERSON TASK FORCE CLIENT TRACKING FORM

#### DATE OF INITIAL VISIT

		Month Day Year
NAME		
First	Middle Initial	Last
ADDRESS		
	Street/Apt #	
CITYSTATE	ZIP CC	DDE
TEL. (HOME)		
Email:		
GENEDR: Male ( ) Female ( ) Other		
HOUSEHOLD: Married ( ) Divorced ( ) Single never Married ( ) Two Adults No ( Two Parent Household ( ) Non Related a Other ( ) Unknown/Not Reported ( )	Children ( ) Single Parent Fem	nale ( ) Single Parent Male ( )
ETHNICITY: Hispanic, Latino or Spanish (	) Not Hispanic ( ) Unknown	/Not Reported ( )
RACE: American Indian or Alaska Native ( Native Hawaiian and Other Pacific Islander		
<b>EDUCATION LEVEL:</b> Grade 0-8 ( ) Grade 9-12 <sup>th</sup> grade + Some Post-Secondary ( ) 2 o	12/No Graduate ( ) High Schoor r 4 years college Graduate ( )	ol Graduated/Equivalency ( )
MILITARY STATUES: Veteran ( ) Active N	filitary ( ) Non Military ( )	
WORK STATUES: Employed Full-Time ( ) Unemployed 5 month and less ( ) Unem Retired ( ) Unknown/Not Reported		
Health: Disabled Yes ( ) No ( )		
Do You Have Health Insurance? Yes ( )	lo ( )	
HEALTH INSURANCE TYPE: Medicaid ( ) N State Health Insurance for Adults ( ) Milit	Medicare ( ) State Children's I	Health Insurance Program ( )

HOUSING: Own ( ) Rent ( ) Other- Permanent Housing ( ) Homeless ( ) Other ( )
SOURCE OF INCOME: Employment Only ( ) Unemployment Only ( ) Income from employment and other income ( ) SSI ( ) SSDI ( ) GA ( )
OTHER INCOME SOURCE: SNAP-Food ( ) SNAP-Cash ( ) WIC ( ) LIHEAP ( ) HUD-VASH ( ) Housing Choice Voucher ( ) Public Housing ( ) Permanent Supportive Housing ( ) Childcare Voucher ( ) Affordable Care Act Subsidy ( ) Other ( ) Unknown/Not Reported ( )

## List ALL family members (including yourself) \*Provide Social Security Cards for each person

Last Name	First name	Date Of Birth	SS#	Relation to you	Source of income
1.					
2.					
3.					
4.					
5.					
6.					
7.					

### Other Household Members: Please complete below for all members of household

Name	Gender Male/Female	Race	Education or Grade Completed	Veteran Yes or No	Disabled Yes or No
2.					103 01 110
3.					
4.					
5.					
6.					
7.					
8.					

#### MY FAMILY IS IN NEED OF THE FOLLOWING SERVICES

Computer Literacy/Customer Service Class
sempare Exercise, service class
Chauffeur Driver's License Classes (CDL)
Emergency Shelter (Homeless)
Emergency Rent ( ) Mortgage ( ) How Many Months Behind Amount \$
Security Deposit ( )
Fresh Fruit and Vegetable Program
Emergency Food Cleaning Supplies
Emergency Clothing
Emergency Furniture
Knife Skills Training
ServSafe Manager Certification Class
<ol> <li>Have you been laid off due to COVID-19 Yes ( ) No ( )</li> <li>Have you applied for Unemployment Yes ( ) No ( )         <ul> <li>a. Have you been approved Yes ( ) No ( )</li> </ul> </li> <li>How have you been impacted by the COVID-19 Pandemic</li> </ol>
APPLICANTS MUST PROVIDE:
1. Social Security cards for all members in the household
<ul><li>2. Proof of income for all the members in the household</li><li>3. Proof of Food Stamps</li></ul>
NOTE: If you are applying for Rental or Mortgage Assistance please provide proof of arrears amount.
Client Signature:

### IN CASE OF EMERGENCY, WHO SHOULD WE CONTACT?

NAME:					
ADDRESS:					
Nun	nber	Street name	City	State	Zip Code
Telephone Number	( )_			_	
Relationship					
Staff Signature				_	
Date Received					