

KNIK TRIBE SOCIAL SERVICES INTAKE FORM



PARTICIPANT INFORMATION

Participant Name:

Spouse Name:

Today's Date:

DOB:

Age:

Marital Status:

Married
 Co-habituating
 Divorced
 Never Married
 Separated
 Widowed

Do you have a child? Yes, Number of Children: _____ No

Are you pregnant?

Yes No

Do you have a CIB?

Yes No

Are you involved with OCS?

Yes No

Alaska Native/American Indian:

Yes No

Knik Tribe Member?

Yes No

**Enrollment
Number:** _____

Sources of Income and Amount:

Employment: _____

Corporation Shares: _____

Child Support: _____

Unemployment: _____

Dividends: _____

Cash Assistance: _____

Current Needs (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Housing | <input type="checkbox"/> Family Support/Assistance |
| <input type="checkbox"/> Domestic Violence Support | <input type="checkbox"/> Education Needs |
| <input type="checkbox"/> Elders Support | <input type="checkbox"/> Foster Care/Family Contact |
| <input type="checkbox"/> ICWA Support (OCS Involvement) | <input type="checkbox"/> Human Trafficking |
| | <input type="checkbox"/> DEC KT |
| | <input type="checkbox"/> DEC Pass-through |

English Fluency (check One):

Excellent
 Good
 Moderate
 Poor
 Not at all

Physical Address: _____

Phone Number: _____

Email Address: _____

Emergency Contact : _____

Please describe a brief summary of needs:

Staff Signature: _____

Date: _____