

Client's last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle name: \_\_\_\_\_

Client's date of birth: \_\_\_\_\_ AmeriCorps member: \_\_\_\_\_ Today's date: \_\_\_\_\_

Do you have any of these?



**TANF:**

Yes No



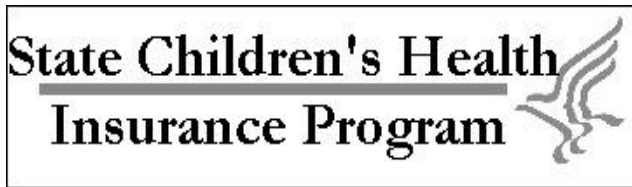
**Food Stamps:**

Yes No



**Medicaid:**

Yes No



**SCHIP:**

Yes No



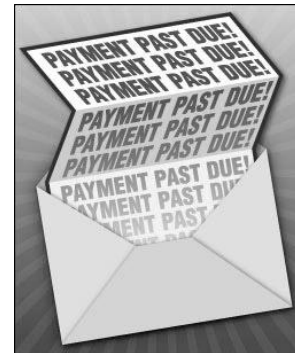
**Section 8 Housing:**

Yes No



**Poor Credit Score:**

Yes No



**60 or more days behind on accounts:**

Yes No

**Income Eligible:**

Yes No