



**CADC CUSTOMER INTAKE
2016 TAX PROGRAM SURVEY DATA**

Site ID: _____

Date: _____

The information collected on this form is not used to determine eligibility for services

1. PERSONAL INFORMATION

Name: _____ Social Security # (last 4 digits): _____

Street Address: _____ City: _____ County: _____ State: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Birthdate? ____/____/____ Gender? ___ Male ___ Female

What is your income? _____

What is your ethnicity? (Circle One)

- 1. Hispanic
- 2. Non-Hispanic

What is your race (Circle one)

- 1. White
- 2. Black or African American
- 3. American Indian/Alaskan Native
- 4. Asian
- 5. Native Hawaiian/Other Pacific Islander
- 6. Multi-Racial/Multi-Ethnic
- 7. Other

Primary Language: _____

What is your current housing situation? (Circle All that apply)

- 1. I own my home
- 2. I rent a home or apartment
- 3. Live with someone
- 4. I am homeless/live in a shelter
- 5. Other

Health insurance?* _____ Yes _____ No

Are You Disabled? _____ Yes _____ No

**ArKids, Medicaid and Medicare qualify as health insurance*

What is your highest educational degree completed? (Circle One)

- 1. Attended through junior high (0-8 grade)
- 2. Completed Grades 9-12/Non Graduate
- 3. Have high school diploma/GED
- 4. Some College
- 5. Have Associate's, Bachelor's Degree or higher

2. HOUSEHOLD INFORMATION

How Many People Live in your Household? _____

What is your family type? (Circle One)

- 1. Single Parent Female
- 2. Single Parent Male
- 3. Two Parent Household
- 4. Single Person
- 5. Adults Only
- 6. Other

Sources of Income For all Household Members (Circle All That Apply)

- 1. Employment Wages/Self-Employment
- 2. Social Security
- 3. Unemployment Insurance
- 4. Retirement/Pension
- 5. SSI
- 6. TANF
- 7. General Assistance
- 8. Other

PLEASE COMPLETE THE OTHER SIDE

INFORMATION ON ALL HOUSEHOLD MEMBERS

Name of Household Member	Relation-ship	Age	Hispanic (Yes/No)	Race* (See List)	Sex (M/F)	Educational Level	Health Insurance** (Yes/No)	Disabled (Yes/No)	Monthly Income
1.									
2.									
3.									
4.									
5.									
6.									

*Race (Select One)

- | | | |
|------------------------------|---|---------------------------------|
| 1. White | 2. Black or African American | 3. Native Indian/Alaskan Native |
| 4. Multi-Racial/Multi Ethnic | 5. Native Hawaiian/Other Pacific Islander | 6. Other |

**ArKids , Medicaid and Medicare qualify as Health Insurance

WOULD YOU LIKE TO BE KNOW MORE ABOUT: (CIRCLE ALL THAT APPLY)

- | | | |
|----------------------------|-----------------------------------|------------------------------------|
| a. Financial Education | b. Single Parent Scholarship Fund | c. Debit Cards |
| d. Matched Savings Account | e. Weatherization | f. Volunteering in the Tax Program |
| g. US Savings Bonds | h. Head Start | i. Other _____ |

3. CONFLICT OF INTEREST AND CONFIDENTIALITY

Are you or a family member employed by CADC? Yes _____ No _____
 If Yes, please list names of persons employed: _____ Relationship: _____
 Are you or a family member on the CADC Board of Directors? Yes _____ No _____
 If Yes, please list names of persons on board: _____ Relationship: _____

I understand that completion of this form does not determine eligibility for services? Yes _____ No _____
 I understand disclosure of my social security number is voluntary & will not be used for identification? Yes _____ No _____
 I understand information will be kept strictly confidential unless its release is authorized by me in writing? Yes _____ No _____
 I understand that general statistical information compiled with household information will be used to create reports to support requests for funding for CADC programs and services? Yes _____ No _____

Customer Signature: _____

Date: _____

CADC Signature: _____

Date: _____