

Michael Kourianos
Board Chair

Geri Gamber
Executive Director



Providing Services in Carbon, Emery, Grand, and San Juan Counties

375 S. Carbon Ave. • PO Box 1106 • Price, UT 84501 • 435 637-5444 • Fax 435 637-5448

Relay – 711
Spanish Relay Utah
888-346-3162

Please complete the following information to the best of your knowledge.

Intake Date: _____

APPLICANT INFORMATION

Last Name	First Name	
Address	City	State & Zip Code
Date of Birth	Phone Number	Email Address

DEMOGRAPHICS

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other: _____
Ethnicity:	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic Or Latino	
Disability:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Served in the US Military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Race:	<input type="checkbox"/> Asian	<input type="checkbox"/> Pacific Islander	
	<input type="checkbox"/> African American	<input type="checkbox"/> White	
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American: (tribe) _____	
Health Insurance:	<input type="checkbox"/> Yes		<input type="checkbox"/> No

Family Type: (Select Only One)	<input type="checkbox"/> Single (<input type="checkbox"/> Male or <input type="checkbox"/> Female Parent)	<input type="checkbox"/> Married with Children
	<input type="checkbox"/> Married without Children	<input type="checkbox"/> Single with Partner
	<input type="checkbox"/> Multiple Adults Living with Children	<input type="checkbox"/> Grandparent Raising Grandchildren
	<input type="checkbox"/> Other: _____	

Please Select the Applicant's Highest Level of Completed Education	<input type="checkbox"/> High School	<input type="checkbox"/> GED
	<input type="checkbox"/> 9 th Grade or Less	<input type="checkbox"/> 10 th Grade
	<input type="checkbox"/> 11 th Grade	<input type="checkbox"/> Some College
	<input type="checkbox"/> Associate Degree	<input type="checkbox"/> Bachelor's Degree
	<input type="checkbox"/> Postgraduate Education	

FINANCIAL INFORMATION

Is the applicant able to work? Yes No

If the applicant is not able to work, explain why.

Employment Status:	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Seasonal
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Income: \$ _____ Weekly Bi-Monthly Monthly Annually/Seasonally

Income Source: _____

Please provide copies of one of the following income verification methods and indicate which one you are providing.

- Previous Years Tax Returns Pay Stubs (From Last 30 Days) Bank Statements (From Last 30 Days)
- SSI/SSD Payment Sheet Signed Self-Declaration (Only Valid if Approved by Intake Worker)

Please indicate if anyone in the household received any of the following types of assistance.

- Food Stamps \$ _____ (Monthly) Free School Lunch Yes No
- WIC \$ _____ (Monthly) Medicaid Yes No

OTHER INFORMATION

Have you or anyone else in your household received services through Southeastern Utah Association of Local Governments?

No Yes (Explain What and When): _____

Are you current on you tax returns? Yes No I Do Not Know

Do you need assistance getting your taxes completed this year? Yes No I Do Not Know

Client Signature

Date

FOR STAFF USE

Type of ID Used to Identify the Applicant: _____

Expiration Date: _____

INFORMATION FOR ADDITIONAL HOUSEHOLD MEMBERS

Last Name _____		First Name _____			
Date of Birth _____		Phone Number _____		Email Address _____	
Relationship	<input type="checkbox"/> Spouse/ Partner	<input type="checkbox"/> Son/Daughter	<input type="checkbox"/> Stepchild	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Other:
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other: _____		
Ethnicity:	<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Not Hispanic Or Latino		
Disability:	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Served in the US Military?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Race:	<input type="checkbox"/> Asian	<input type="checkbox"/> Pacific Islander			
	<input type="checkbox"/> African American	<input type="checkbox"/> White			
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American: (tribe) _____			
Health Insurance:	<input type="checkbox"/> Yes			<input type="checkbox"/> No	
Please Select the Family Member's Highest Level of Completed Education	<input type="checkbox"/> High School		<input type="checkbox"/> GED		
	<input type="checkbox"/> 9 th Grade or Less		<input type="checkbox"/> 10 th Grade		
	<input type="checkbox"/> 11 th Grade		<input type="checkbox"/> Some College		
	<input type="checkbox"/> Associate Degree		<input type="checkbox"/> Bachelor's Degree		
	<input type="checkbox"/> Postgraduate Education				
Employment Status:	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Seasonal	
Income: \$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annual/ Seasonal	
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Date of Birth _____		Phone Number _____		Email Address _____	
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Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other: _____		
Ethnicity:	<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Not Hispanic Or Latino		
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