DEPENDENTS FORM FOR HOMELESS SERVICE PROVIDERS
Dependents Age 17 and Under
Please attach to Universal Intake Form

INTAKE: ☐ **HEAD OF HOUSEHOLD:**
TELEPHONE REFERRAL: ☐ **SS#: - -**

First Name	Last Name	Relationship	Gender	Race	Hispanic	Current School
			☐ M ☐ F		☐ Yes ☐ No	
SSN -- --	DOB:	Special Needs:				
			☐ M ☐ F		☐ Yes ☐ No	
SSN -- --	DOB:	Special Needs:				
			☐ M ☐ F		☐ Yes ☐ No	
SSN -- --	DOB:	Special Needs:				
			☐ M ☐ F		☐ Yes ☐ No	
SSN -- --	DOB:	Special Needs:				
			☐ M ☐ F		☐ Yes ☐ No	
SSN -- --	DOB:	Special Needs:				
			☐ M ☐ F		☐ Yes ☐ No	
SSN -- --	DOB:	Special Needs:				
			☐ M ☐ F		☐ Yes ☐ No	
SSN -- --	DOB:	Special Needs:				
			☐ M ☐ F		☐ Yes ☐ No	
SSN -- --	DOB:	Special Needs:				

Race Choices:

- **AI – American Indian/Alaskan Native**
- **AS – Asian**
- **BL – Black/African American**
- **NP – Native Hawaiian/Pacific Islander**
- **WH – White**
- **AI/WH – American Indian/Alaskan Native & White**
- **AS/WH – Asian & White**
- **AS/BL – Asian & Black/African American**
- **BL/WH – Black/African American & White**
- **AI/BL – American Indian/Alaskan Native & Black/African American**
- **O – Other**
- **UNK – Unknown**
- **REF – Refused**