

Date: _____ Worker: _____ Client: _____ SS/Case #: _____

Phone number(s) we can reach you: _____

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

Yes, I want to register to vote.

No, I do not want to register to vote.

1. NEW ADDRESS: Update Information in EDMS/imaging system. Did client move in w/ anyone? _____

New address: _____

Mailing address: _____

Shelter expenses: Rent: \$ _____ Mortgage: \$ _____ Other: \$ _____

Heat source: _____, Is client responsible for paying? _____ Does client share this expense w/ anyone? _____

Cool source: _____, Is client responsible for paying? _____ Does client share this expense w/ anyone? _____

Other utilities client is responsible for paying? _____ Does client receive a utility voucher? _____

Is there a land line phone at this address? _____ Does this client pay for: land line and/or cell service? _____

Did client receive HEAP in the past year? _____

Did anyone move in with this client? _____ Who? _____ If so, continue below.

2. NEW EMPLOYMENT/INCOME:

Client's name: _____

SS #: _____

Employer: _____

Hire date: _____

Address: _____

Hrly rate/Avg wkly hrs: _____

Phone: _____

Pay frequency: _____

Date of first pay?: _____

Tips/bonus/commission expected? _____

Review work activity, update WPWA, WPAS. CLRC

Was case SAR? If not, can you extend FS certification now? Does change cause OP? If so, complete referral.

3. TERMINATION OF EMPLOYMENT/INCOME:

Client's name: _____

SS #: _____

Employer: _____

Termination date: _____

Address: _____

Termination reason: _____

Phone: _____

Date of last pay? _____

Has client filed for UC benefits? _____

Scheduled assessment appointment: _____

4. NEW HOUSEHOLD MEMBER: Reminder: Do you need absent parent information?

New individual: _____

SS #: _____

Explain relationship to any/all household members: _____ Purchase/prepare together? _____

Date moved into household: _____

Date reported by AG: _____

Source of income: _____

Amt & frequency of income: _____

Change in shelter/utility expenses: _____

Is individual being added to existing AGs or needs to file 7200 for own benefits? If new AGs = intake

5. PERSON LEFT HOUSEHOLD:

Individual that left? _____

SS #: _____

Relationship to household members: _____

Date they left household? _____

Date reported by AG: _____

Change in shelter/utility expenses: _____

Do you need to print/add absent parent screens?

Remove WPAS or WPWA?

AGENCY USE: 7105 issued? _____ (date).

NOTES: _____