



























## SEK-CAP, Inc. Housing – Basic Intake Form

Date: \_\_\_/\_\_\_/\_\_\_\_\_

Office Use Only | Action Type:  Initial Intake  Recertification

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ Gender: M | F Disabled:  Yes  No  
(First, MI, Last)

Health Insurance:  Yes  No \*Race: \_\_\_\_\_ \*Ethnicity: \_\_\_\_\_ \*Education Level Completed: \_\_\_\_\_ \*Military Status: \_\_\_\_\_

# of Persons in Household: \_\_\_\_\_ \*Family Type: \_\_\_\_\_ \*Housing Type: \_\_\_\_\_

### Household Member Information

Relation to Applicant	Full Name (First, MI, Last)	DOB	Gender	Disabled (Y/N/U)	Health Insurance (Y/N/U)	Race	Ethnicity	Education Level Completed	Military Status

Relation to Applicant	*Ethnicity	*Race	*Housing Type	*Family Type	*Education Level	*Military Status
S=Sibling	H=Hispanic	A=American Ind./Alaska Nat.	O=Own	S=Single Parent Female	0=0-8	R=Reserves
P=Parent	NH=Non-Hispanic	AA=Asian	R=Rent	SS=Single Parent Male	9=9-12 (non-grad)	A=Active
C=Child	U=Unknown	B=Black/African American	H=Homeless	TT=2 Parent Household	H= High School Grad (GED)	U=Unknown
SP=Spouse or Partner		H=Hawaiian/Pacific Islander	O=Other	SSS=Single Person	12+=12 plus some Post Secondary	
GP=Grandparent		W=White	U=Unknown	T=2 Adults/No Children	2-4=2-4 Yr College Grad	
G=Grandchild		O=Other		M=Multigenerational House	U=Unknown	
F=Foster		M=Multi-race		O=Other		
GG=Guardian		U=Unknown		U=Unknown		
O=Other						

I have provided this information voluntarily and understand that it will be used: 1) to aid in determining eligibility for SEK-CAP, Inc. programs; 2) to report non-identifiable demographic information required by funders; and 3) to comply with central data system reporting. It may be made known to other persons in pursuit of these ends. It will be kept confidential pursuant to the Privacy Act of 1874, As Amended, subject to the limits set out above. I certify that the information provided here and on other SEK-CAP, Inc. application documents is correct and complete and understand that any false statements could result in the denial of services.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_