



HOUSEHOLD DATA SHEET

Name: _____

ID #: _____

Date of Birth: _____

FAMILY NAME: _____

English Speaking: Yes No If no, specify: _____

Family Is: Migrant Farmworker Temporary Resident Permanent Resident

Address (enter month & year when updating): _____ Lot/Apt: _____ City: _____

County: _____ Zip: _____ Telephone No.: _____

Work Phone: _____ Backup Phone: _____ Best Time to Call: _____

Directions to Home (enter month & year when updating): _____

AVAILABLE TRANSPORTATION: Self Bus Taxi Walk None Volunteer Other: _____

COMMUNITY SERVICES (check those used): (enter month & year when updating)

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> AFDC | <input type="checkbox"/> Meals On Wheels | <input type="checkbox"/> Vocational Rehabilitation |
| <input type="checkbox"/> Church | <input type="checkbox"/> Senior Services | <input type="checkbox"/> County Social Services |
| <input type="checkbox"/> Day Care | <input type="checkbox"/> School Lunches | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Children's Medical Services | <input type="checkbox"/> Other: _____ |

Social Worker: _____ Phone No.: _____ Agency: _____

* Enter Month and Year When Updating

Persons Living in Home *	Date of Birth	Relationship To Client
Children (under 18) Not Living In Home*	Date of Birth	Comments

LIVING QUARTERS: Apartment House Mobile Home Car Camper Temporarily without shelter
(check one) Other: _____

Number of Rooms: _____ Method of Heat: _____ Method of Cool: _____

CHECK the working things you have: Refrigerator Cooking Stove Hot Plate Fan Indoor Toilet
 Water Inside for Drinking Water inside for Bathing

Date: _____ Name & Title of Person Reviewing: _____