



Client Registration

FIRST NAME: _____ **LAST:** _____ **DATE:** _____

STREET ADDRESS: _____ **UNIT #** _____

CITY: _____ **IL** **ZIP:** _____ **COUNTY:** _____

PHONE: _____ **EMAIL:** _____

GENDER: male female **D.O.B. :** _____ **HOUSEHOLD TOTAL:** ____ **AV** ____ **ID** ____

RACE/ETHNICITY: White Black / African American Hispanic / Latino / Spanish Asian / Pacific Islander
American Indian / Alaskan Native Middle East / North African Other

SELF IDENTIFIES AS: active duty military senior disabled veteran
multi-generational household single parent household Other none

HOUSING TYPE: private rental own home with family/friends public housing evacuee
Youth home/shelter emergency shelter/mission/transitional homeless Other

HIGHEST LEVEL OF EDUCATION COMPLETED: grades 0-8 grades 9-11 high school diploma GED
Post secondary (some) trade school/professional accreditation 2 yr degree 4 yr degree
Master's degree PhD

CURRENT EMPLOYMENT TYPE: full time at more than one job part time at more than one job self-employed
Full time part time retired post-secondary student not working & actively looking
Not working because homemaker/caregiver not working because in school or job training none
Not working due to disability or poor health Other

NOTES/DIETARY CONSIDERATIONS: _____

SIGNATURE: _____ **DATE:** _____

AGENT: _____



OTHERS LIVING IN THE HOME



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