1. Client Information

Client Name_____ Intake Date_____/_____/_____
Last First Middle

Address _____City_____

County___ _____State:_____ Zip code: _____Work Tel. ( ) _____Home Tel. ( )_____

2. Client Demographics

SEX: Male Female Transgender
DOB: ____/____/_____

SS# _____-_____-_____

Race/Ethnicity:
___White (not Hispanic) ___Black (not Hispanic)
___Hispanic_____
___Asian Pacific/ Pacific Islander_____
___Native American/Alaskan/Indian
___Not Specific

Marital Status:
___ Single ___Married ___Divorced
___ Widowed ___ Domestic/Life Partner

Number of dependent children (Under age 18 and living with you):_____

Mother's maiden name_____

City and State (country of birth) _____

Employment Status
___Full Time ___Part Time ___Unemployed
___Unable to work

Primary language spoken :_____

INCOME
Sources of income :
___ My employment $_____
___Unemployment $_____
___TANF/ Welfare/general relief $_____
___SSDI $_____
___ SSI $_____
___SDI $_____
___Private Disability $_____
___Retirement/Pension benefits/VA $_____
___Other (_____) $_____
___No Income $_____

Client's Gross Income: $_____
Household Income: _____Size _____

INSURANCE
___Private Insurance:_____
___Medi-Cal (#_____)
___Medicare (#_____)
___ ADAP (#_____)
___ MISP (#_____)
HIV/AIDS Status

___HIV+/Non AIDS ___HIV+/AIDS Diagnosed

3. Emergency Contact

Name:_____ Relation to client:_____

Home Tel.:_____ Work Tel.:_____

Does this person know your HIV Status? ___Yes ___ No

ADDRESS:_____City_____

State_____ Zip Code_____

I understand that WORKING WONDERS is a nonprofit organization funded through government grants and private charitable contributions. I declare under penalty of perjury that the information have provided in this application is true and complete to the best of my knowledge

_____ _____
Client Signature Date of Application

RECERTIFICATION: I have lived in Riverside County for at least six months and understand that I am eligible to recover WW services. I declare that my income has not changed substantially since my date of application for services.

_____ _____
Client Signature Date