

Housing, Income, and Insurance

Name:

Gender:

DOB:

RWID:

*Annual Household Income

Date Income Verified

*Family Size

*Federal Poverty Level:

*Housing Status:

- Stable/permanent
 Temporary
 Unstable

Client Insurance (select all that apply):

- Private- Employer
 Private- Individual
 Medicare
 Medicaid, Children's Health Insurance Program (CHIP), or other public plan
 VA, Tricare and other military health care
 Indian Health Service (IHS)
 Other plan
 No insurance/Uninsured