

Octopia Client Engagement™ Intake

App ID: _____

Program _____ Intake Date _____ Caseworker/Intake Person _____

Street Address _____ City/Town _____ Zip _____ - _____

Mailing Address (If different): _____

Household Type _____ Housing Type _____ Subsidy Type _____ # in Household _____ Home Phone: _____ Contact Phone: _____

First Name		MI	Last Name		Mobile Phone		e-Mail Address		Emergency Phone		Emergency Contact		
Language		Language Proficiency			Gender		Social Security #			Birth Date			
In School? (Y/N)		Work Status		Education		Health Insurance		Race/Ethnicity		Disabling Condition (Y/N)		Military Status	
Work Status		Rec'd Affordable Care Act Subsidy (Y/N)			Rec'd Child Care Voucher (Y/N)		Rec'd Liheap (Y/N)		Rec'd SNAP (Y/N)		Rec'd WIC (Y/N)		
Income Source		Monthly Amount \$			Income Source		Monthly Amount \$		Income Source		Monthly Amount \$		
First Name		MI	Last Name		Mobile Phone		e-Mail Address		Emergency Phone		Emergency Contact		
Language		Language Proficiency			Gender		Social Security #			Birth Date			
In School? (Y/N)		Work Status		Education		Health Insurance		Race/Ethnicity		Disabling Condition (Y/N)		Military Status	
Work Status		Rec'd Affordable Care Act Subsidy (Y/N)			Rec'd Child Care Voucher (Y/N)		Rec'd Liheap (Y/N)		Rec'd SNAP (Y/N)		Rec'd WIC (Y/N)		
Income Source		Monthly Amount \$			Income Source		Monthly Amount \$		Income Source		Monthly Amount \$		
First Name		MI	Last Name		Mobile Phone		e-Mail Address		Emergency Phone		Emergency Contact		
Language		Language Proficiency			Gender		Social Security #			Birth Date			
In School? (Y/N)		Work Status		Education		Health Insurance		Race/Ethnicity		Disabling Condition (Y/N)		Military Status	
Work Status		Rec'd Affordable Care Act Subsidy (Y/N)			Rec'd Child Care Voucher (Y/N)		Rec'd Liheap (Y/N)		Rec'd SNAP (Y/N)		Rec'd WIC (Y/N)		
Income Source		Monthly Amount \$			Income Source		Monthly Amount \$		Income Source		Monthly Amount \$		
Household Type		Housing Type		Language Proficiency		Education		Race/Ethnicity		Non-Hispanic		Hispanic	
1=Female Head of Household		1=Own		1=Beginner Low Level		1=Up to 8 th Grade		Amer. Indian/Alaskan. Native		A		B	
2=Male Head of Household		2=Rent		2=Intermediate		2=Up to 12 th Grade		Asian		C		D	
3=2 Parent Household		3=Homeless		3=Advance/Fluent		3=High School Grad or GED		Black or African American		E		F	
4=Single Person In Household		4=Other Permanent Housing				4=Any schooling beyond high school		Hawaiian or Pacific Islander		G		H	
5=2 Adults No Children				Gender		5=College Graduate, 2 or 4 Year		White		I		J	
6=Other		Subsidy Type		M=Male		6=Graduate of Other post-secondary school		Multi-Race		K		L	
7=Non-Related Adults with Children		1=Housing Choice Voucher		F=Female				Other		M		N	
8=Multi-Generational Household		2=HUD-VASH		O=Other				No Response		O		P	
		3=Permanent Supportive Housing											
		4=Public Housing		Health Insurance		AFDC=E		Lump Sum=Q		SSP=D			
Military Status		5=Other Subsidy Type		1=Direct Purchase		Alimony/Spousal Support=W		None=O		TANF=E			
1=Active Military		U=Unknown/Not Reported		2=Medicare		Child Support=M		Odd Jobs=P		Unemployment=G			
2=Veteran				3=Medicaid		Disability Insurance=S		Other=N		VA Service Connected Disability Pension=H			
U=Unknown/Not Reported				4=None		Dividends=K		Pension=I		VA Non-Service Connected Disability Pens=V			
		Work Status		5=State Children's Health Insurance		EAEDC=F		Rental Income=L		Wages=A			
1=Employed Full-Time		5=Unemployed (More than 6 months)		6=State Health Insurance for Adults		EITC=Z		Self-Employ=B		Work Comp=J			
2=Employed Part-Time		6=Unemployed (Not in Labor Force)		7=Military Health Insurance		Financial Support=R		Soc. Security=C					
3=Migrant Seasonal Farm Worker		7=Retired		8=Employment Based		Interest=K		SSDI=U					
4=Unemployed (6 months or less)		U=Unknown/Not Reported				Ira/401k=T		SSI=D					

First Name		MI	Last Name		Mobile Phone		e-Mail Address		Emergency Phone	Emergency Contact	
Language		Language Proficiency		Gender	Social Security #		Birth Date				
In School? (Y/N)	Work Status	Education	Health Insurance	Race/Ethnicity	Disabling Condition (Y/N)	Military Status					
Work Status	Rec'd Affordable Care Act Subsidy (Y/N)		Rec'd Child Care Voucher (Y/N)		Rec'd Liheap (Y/N)	Rec'd SNAP (Y/N)	Rec'd WIC (Y/N)				
Income Source	Monthly Amount \$		Income Source	Monthly Amount \$		Income Source	Monthly Amount \$				
First Name		MI	Last Name		Mobile Phone		e-Mail Address		Emergency Phone	Emergency Contact	
Language		Language Proficiency		Gender	Social Security #		Birth Date				
In School? (Y/N)	Work Status	Education	Health Insurance	Race/Ethnicity	Disabling Condition (Y/N)	Military Status					
Work Status	Rec'd Affordable Care Act Subsidy (Y/N)		Rec'd Child Care Voucher (Y/N)		Rec'd Liheap (Y/N)	Rec'd SNAP (Y/N)	Rec'd WIC (Y/N)				
Income Source	Monthly Amount \$		Income Source	Monthly Amount \$		Income Source	Monthly Amount \$				
First Name		MI	Last Name		Mobile Phone		e-Mail Address		Emergency Phone	Emergency Contact	
Language		Language Proficiency		Gender	Social Security #		Birth Date				
In School? (Y/N)	Work Status	Education	Health Insurance	Race/Ethnicity	Disabling Condition (Y/N)	Military Status					
Work Status	Rec'd Affordable Care Act Subsidy (Y/N)		Rec'd Child Care Voucher (Y/N)		Rec'd Liheap (Y/N)	Rec'd SNAP (Y/N)	Rec'd WIC (Y/N)				
Income Source	Monthly Amount \$		Income Source	Monthly Amount \$		Income Source	Monthly Amount \$				
First Name		MI	Last Name		Mobile Phone		e-Mail Address		Emergency Phone	Emergency Contact	
Language		Language Proficiency		Gender	Social Security #		Birth Date				
In School? (Y/N)	Work Status	Education	Health Insurance	Race/Ethnicity	Disabling Condition (Y/N)	Military Status					
Work Status	Rec'd Affordable Care Act Subsidy (Y/N)		Rec'd Child Care Voucher (Y/N)		Rec'd Liheap (Y/N)	Rec'd SNAP (Y/N)	Rec'd WIC (Y/N)				
Income Source	Monthly Amount \$		Income Source	Monthly Amount \$		Income Source	Monthly Amount \$				
First Name		MI	Last Name		Mobile Phone		e-Mail Address		Emergency Phone	Emergency Contact	
Language		Language Proficiency		Gender	Social Security #		Birth Date				
In School? (Y/N)	Work Status	Education	Health Insurance	Race/Ethnicity	Disabling Condition (Y/N)	Military Status					
Work Status	Rec'd Affordable Care Act Subsidy (Y/N)		Rec'd Child Care Voucher (Y/N)		Rec'd Liheap (Y/N)	Rec'd SNAP (Y/N)	Rec'd WIC (Y/N)				
Income Source	Monthly Amount \$		Income Source	Monthly Amount \$		Income Source	Monthly Amount \$				
Household Type		Housing Type		Language Proficiency		Education		Race/Ethnicity		Non-Hispanic	Hispanic
1=Female Head of Household		1=Own		1=Beginner Low Level		1=Up to 8 th Grade		Amer. Indian/Alaskan. Native		A	B
2=Male Head of Household		2=Rent		2=Intermediate		2=Up to 12 th Grade		Asian		C	D
3=2 Parent Household		3=Homeless		3=Advance/Fluent		3=High School Grad or GED		Black or African American		E	F
4=Single Person in Household		4=Other Permanent Housing		4=Any schooling beyond high school		4=College Graduate, 2 or 4 Year		Hawaiian or Pacific Islander		G	H
5=2 Adults No Children				Gender		6=Graduate of Other post-secondary school		Multi-Race		I	J
6=Other		Subsidy Type		M=Male				Other		K	L
7=Non-Related Adults with Children		1=Housing Choice Voucher		F=Female				No Response		M	N
8=Multi-Generational Household		2=HUD-VASH		O=Other						O	P
		3=Permanent Supportive Housing									
		4=Public Housing									
		5=Other Subsidy Type									
2=Veteran		U=Unknown/Not Reported		2=Medicare		AFDC=E		Lump Sum=Q		SSP=D	
U=Unknown/Not Reported				3=Medicaid		Alimony/Spousal Support=W		None=O		TANF=E	
				4=None		Child Support=M		Odd Jobs=P		Unemployment=G	
				5=State Children's Health Insurance		Disability Insurance=S		Other=N		VA Service Connected Disability Pension=H	
				6=State Health Insurance for Adults		Dividends=K		Pension=I		VA Non-Service Connected Disability Pens=V	
				7=Military Health Insurance		EAEDC=F		Rental Income=L		Wages=A	
				8=Employment Based		EITC=Z		Self-Employ=B		Work Comp=J	
				U=Unknown/Not Reported		Interest=K		Soc. Security=C			
						Ira/401k=T		SSDI=U			
								SSI=D			