

**PATERSON TASK FORCE
CLIENT TRACKING FORM**

DATE OF INITIAL VISIT

____/____/____
Month Day Year

NAME _____
First Middle Initial Last

ADDRESS _____
Street/Apt #

CITY _____ **STATE** _____ **ZIP CODE** _____

TEL. (HOME) _____ **TEL. (CELL)** _____

Email: _____

GENEDR: Male () Female () Other () Unknown/Not Reported ()

HOUSEHOLD: Married () Divorced () Separated () Widow () Single Person ()
Single never Married () Two Adults No Children () Single Parent Female () Single Parent Male ()
Two Parent Household () Non-Related adults with children () Multigenerational Household ()
Other () Unknown/Not Reported ()

ETHNICITY: Hispanic, Latino or Spanish () Not Hispanic () Unknown/Not Reported ()

RACE: American Indian or Alaska Native () Asian () Black or African American ()
Native Hawaiian and Other Pacific Islander () White () Other () Multi-race ()

EDUCATION LEVEL: Grade 0-8 () Grade 9-12/No Graduate () High School Graduated/Equivalency ()
12th grade + Some Post-Secondary () 2- or 4-years college Graduate ()

MILITARY STATUES: Veteran () Active Military () Non-Military ()

WORK STATUES: Employed Full-Time () Employed Part-Time () Seasonal Worker ()
Unemployed 5 month and less () Unemployed 6 month and more () Unemployed – Not in Labor ()
Retired () Unknown/Not Reported

Health: Disabled Yes () No ()

Do You Have Health Insurance? Yes () No ()

HEALTH INSURANCE TYPE: Medicaid () Medicare () State Children's Health Insurance Program ()
State Health Insurance for Adults () Military Health () Direct Purchase () Employment Based ()

HOUSING: Own () Rent () Other- Permanent Housing () Homeless () Other ()

SOURCE OF INCOME: Employment Only () Unemployment Only ()
Income from employment and other income () SSI () SSDI () GA ()

OTHER INCOME SOURCE: SNAP-Food () SNAP-Cash () WIC () LIHEAP () HUD-VASH ()
Housing Choice Voucher () Public Housing () Permanent Supportive Housing ()
Childcare Voucher () Affordable Care Act Subsidy () Child Support ()
Other _____

MY FAMILY IS IN NEED OF THE FOLLOWING SERVICES

Please check each box for the services you are applying for:

- _____ Computer Literacy/Customer Service Class
- _____ Emergency Shelter (Homeless) (**REFERRAL REQUIRED**)
- _____ Rent () Mortgage () How Many Months Behind _____ Amount \$ _____
Security Deposit ()
- _____ Fresh Fruit and Vegetable Program
- _____ Food Voucher _____ Cleaning Voucher
- _____ Emergency Food Box
- _____ Furniture/ Housewares (**REFERRAL REQUIRED**)
- _____ SERV Safe Manager Certification Class
- _____ SERV Safe Class
- _____ Home Energy/PSEG
- _____ Expungement Program

APPLICANTS MUST PROVIDE:

1. Social Security cards for all members in the household
2. Proof of income for all the members in the household
3. Proof of Food Stamps

NOTE: If you are applying for Rental or Mortgage Assistance, please provide proof of arrears amount.

Client Signature: _____

Date: _____

IN CASE OF EMERGENCY, WHO SHOULD WE CONTACT?

NAME: _____

ADDRESS: _____

Number Street name City State Zip Code

Telephone Number: () _____

Relationship _____

Staff Signature _____

Date Received _____