

## Greenwich Department of Human Services Admissions Form

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_ AM/PM

**Name:** (First, Last) \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Gender:  Male

Female

Have you contacted GDHS before?

YES

NO

**How can we help you?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Contact Information:**

Address: \_\_\_\_\_

\_\_\_\_\_  
How long have you resided in Greenwich? \_\_\_\_\_

Previous Address (if less than 2 years): \_\_\_\_\_

\_\_\_\_\_  
Home phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Work phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please provide emergency contact:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**Do you have a Conservator or Power of Attorney?**

YES

NO

If yes, Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

## Greenwich Department of Human Services Admissions Form

**Type of residence:**

- Own
- Rent
- With family pays rent
- With family rent free
- Section 8
- Public Housing
- With friends pays rent
- With friends rent free
- Homeless

**Race:**

- American Indian/Alaska Native
- Asian
- Black/African American
- Hispanic/Latino
- Native Hawaiian or Pacific Islander
- White, Non-Hispanic

**Ethnicity:**

- Hispanic/Latino
- Non-Hispanic/Latino

**Marital Status:**

- |                                    |   |  |
|------------------------------------|---|--|
| <input type="checkbox"/> Single    | <input type="checkbox"/> Married              | <input type="checkbox"/> Divorced        |
| <input type="checkbox"/> Separated | <input type="checkbox"/> Domestic Partnership | <input type="checkbox"/> Widowed/Widower |

**Are you pregnant?**       YES                       NO

**Employee of Town?**       YES                       NO

**Are you a Veteran?**       YES                       NO

**Citizenship Status:**

- US Citizen
- Lawful Permanent Resident
- Refugee/Asylee
- Other

**Do you speak English:**       YES                       NO

If not, language spoken: \_\_\_\_\_

**Who referred you to GDHS?**

- 1. Self                                       2. Family
- 3. Agency Name: \_\_\_\_\_
- 4. Town Department Name: \_\_\_\_\_

**Applicant (if other than client):** \_\_\_\_\_

**Relationship to Client:** \_\_\_\_\_

**Applicant Contact #:** \_\_\_\_\_

## Greenwich Department of Human Services Admissions Form

**Household Composition and Monthly Income – List Head of Household (HOH) first:**

Name	Date of Birth	Relationship	Social Security Number	Monthly Income	Income Source	Assets
		<b>HOH</b>				
<b>Total Household Income</b>						

Are you employed?     YES     NO    If yes,     Full-time     Part-time

Are you seeking employment?     YES     NO    If yes,     Full-time     Part-time

**For Office Use Only:**

**Contact Method:**     Walk-In     Phone Call     Report     Online

**Admission Status:**     New Admission     Reapplication

**Reapplication (Last Date Here):** \_\_\_\_\_ **Name of Last Caseworker:** \_\_\_\_\_

**Staff Administrative Staff Assistant:** \_\_\_\_\_

**Intake Worker:** \_\_\_\_\_

**Verified:**     Residency     Income     Photo ID

**Admissions Form (Notes)**

**BRIEF STATEMENT OF PROBLEM/NEED:**

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**CURRENT LIVING, HOUSING SITUATION:**

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**FINANCIAL: INCOME AND ASSETS:**

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**HEALTH / MENTAL HEALTH STATUS:**

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**BACKGROUND / FAMILY HISTORY:**

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**EDUCATION / EMPLOYMENT HISTORY:**

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**ASSESSMENT:**

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