



PROGRAM: Employment Services for LIP & LPR

CLIENT NAME

Client Application

Application Date _____
Family Number _____
Head of Household _____

Client Information

Gender _____
Birth Date _____
Driver's License No. _____
SSN _____
Race _____
Nationality _____

Residence Information

Physical Address _____
Mailing Address _____

Email _____
Primary Phone _____
Secondary Phone _____

Client Demographics

Education _____
Disabled _____
Marital Status _____
Ethnicity _____
Legal Status _____
Health Insurance _____

Employment

Employer _____
Occupation _____
Employer Address _____
Employer Phone _____
Status _____

Family Demographics

Housing (circle one) Rent Own Temporary Quarters Homeless Other: _____
Household Type _____

Medical Questionnaire

Diabetes _____
High Blood Pressure _____
Stroke _____
Heart Trouble _____

Source of Family Income

TANF _____
 SSI _____
 Social Security _____
 Pension _____
 General Assistance _____
 Unemployment _____
 Insurance _____
 Employment + Other _____
 Employment Only _____
 Other _____
TOTAL SOURCE _____

Level of Family Income

Up to 50% _____
 51% to 75% _____
 76% to 100% _____
 101% to 125% _____
 126% to 150% _____
 151% to 175% _____
 176% to 200% _____
 201% and over _____
TOTAL Level _____

Household Members

I certify that the above information is true and correct to my knowledge.

Sign & Date

MEO STAFF ONLY:
Date Entered:
Client #:
LIP/LPR: