

# TOWN OF SOUTHOLD HUMAN RESOURCE DEPT.

## HOME REPAIR PROGRAM CLIENT INTAKE

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

AMERICAN INDIAN/ALASKAN \_\_\_\_\_

ASIAN/PACIFIC ISLAND \_\_\_\_\_

BLACK \_\_\_\_\_

CAUCASIAN \_\_\_\_\_

HISPANIC \_\_\_\_\_

HANDICAPPED \_\_\_\_\_

LIVE ALONE \_\_\_\_\_

RURAL \_\_\_\_\_

WORK REQUEST: \_\_\_\_\_

\_\_\_\_\_

TAKEN BY: