

▶ **10. What is your race?** (check all that apply)

<input type="checkbox"/> American Indian/Alaskan Indian	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Unknown
<input type="checkbox"/> Asian	<input type="checkbox"/> White	<input type="checkbox"/> Refused
<input type="checkbox"/> Black, African American	<input type="checkbox"/> Other, specify: _____	

▶ **11. In what language do you prefer to read or discuss health related materials?**

<input type="checkbox"/> American Sign Language	<input type="checkbox"/> Haitian Creole	<input type="checkbox"/> Russian
<input type="checkbox"/> Cambodian (Khmer)	<input type="checkbox"/> Hmong	<input type="checkbox"/> Spanish
<input type="checkbox"/> Cape Verdean Creole	<input type="checkbox"/> Korean	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Chinese	<input type="checkbox"/> Laotian	<input type="checkbox"/> Other, specify _____
<input type="checkbox"/> English	<input type="checkbox"/> Portuguese	

HOUSEHOLD CHARACTERISTICS Section

▶ 12. Number of Adults in Household: (if client is Homeless, enter 1)	13. Number of Children Living in Household (children under 19): (children currently living with the client whether or not related)
14a. Client Income: <input type="text" value="0"/>	14b. Income Frequency: <i>Skip Qs 14b, 15, and 16, and go to Q. 17.</i>
▶ If the child has income (e.g., social security survivor's benefit), mark zero here but re-open the parent's Intake Form and Add a new line to Family Income. Add Income as of the date the child entered the program.	
15. Source of Income: <i>Skip</i>	
16. Received Income Verification: <i>Skip</i>	
▶ 17. Marital Status: <input checked="" type="checkbox"/> Never Married	

INSURANCE Section (Data Entry: To get to Insurance section, return to Face Sheet and select Insurance link on left side of screen.)

▶ **18. Insurance Type:**

<input type="checkbox"/> Uninsured	<input type="checkbox"/> MC (Medicaid / MassHealth / MBHP)	<input type="checkbox"/> MP (Medicare –Over 65-some disabled)	<input type="checkbox"/> VA (Veterans Administration)
<input type="checkbox"/> HM –(HMO) (Private HMO – through employment or client pay)	<input type="checkbox"/> CI (Private Insurance – through employment or client pay with no subsidy)	<input type="checkbox"/> OT (Includes State subsidy – ConnectCare / Health Safety Net)	

▶ Insurance Company Name: _____ *Not required if uninsured* | Policy Number: _____

Data Entry: *If entering a New insurance record, enter the Enrollment Date as the Insurance Effective Date.*
If existing client with new insurance, end date previous insurance record with day before this Enrollment Date
If existing client and the insurance has Not Changed since the client's last enrollment (whether or not at your program), simply hit SAVE!!!

▶ **19. Is this your Primary Insurance?** Yes No

If the client has additional insurance coverage, complete the following. If not, intake is complete.

20. Insurance Type: Note: Uninsured is not an option here under additional insurance.

<input type="checkbox"/> MC (Medicaid / MassHealth / MBHP)	<input type="checkbox"/> MP (Medicare –Over 65-some disabled)	<input type="checkbox"/> VA (Veterans Administration)
<input type="checkbox"/> HM –(HMO) (Private HMO – through employment or client pay)	<input type="checkbox"/> CI (Private Insurance – through employment or client pay with no subsidy)	<input type="checkbox"/> OT (Includes State subsidy – ConnectCare / Health Safety Net)

▶ Insurance Company Name: _____ | Policy Number: _____

