

IMPACT of Southern Arizona

Client Registration

Office Use
HH#: _____
Date: _____
Employee Initial: _____
Proof of Residence Type: _____

Application Date: _____	County of Residence: _____
Address: _____	Zip Code: _____
Home Phone: _____	Cell Phone: _____
Email: _____	

- (Race)** 1. American Indian-Alaskan Native 2. Hawaiian-Pacific Islander 3. Black-African American 4. Asian & White 5. American Indian or AK Native, & African American
 6. Asian 7. American Indian or AK Native, & White 8. White-Caucasian 9. African American & White 10. Other **(Ethnicity)** A. Hispanic -Latino B. Other

Client Household Information											Client ID #
<i>Please list all individuals who reside in your home on a regular basis. List the Head of Household first, in the highlighted box.</i>											
First	M.I.	Last	DOB mm/dd/yy	Gender M/F	Disabled?	Race (1-10)	Ethnicity (A or B)	Relationship to HH	School in which your child is enrolled		
HH.								Self			
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
Emergency Contact:			Relationship:				Phone:				

- I have read and understand the client Grievance Procedures and know what to do if I have a complaint about Impact of Southern Arizona services.
 I certify that I/we meet the income qualifications shown to me and are eligible to receive services from Impact of Southern Arizona.

Client Print Name
Client Signature
Date