

TEFAP Intake for: _____

Date: _____

(Agency Name)

Use this form for clients that have signed form H1555b within the last 12 months.

Utilice este formulario para los clientes que han firmado el formulario H1555b en los últimos 12 meses.

Household Member Name Nombre – Miembro del Hogar	Proxy Name (If applicable) Nombre del Proxy (Si procede)	ID Verified (PROXY ONLY) ID Verificado (SOLO PROXY)	Household Size Tamaño del hogar
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
Total Households Served			Total Individuals

Name of intake filling out this form: _____