



HOUSEHOLD DATA SHEET

Name: _____

ID #: _____

Date of Birth: _____

FAMILY NAME: _____

English Speaking: Yes No If no, specify: _____

Family Is: Migrant Farmworker Temporary Resident Permanent Resident

Address (enter month & year when updating): _____ Lot/Apt _____ City: _____

County: _____ Zip: _____ Telephone No.: _____

Work Phone: _____ Backup Phone: _____ Best Time to Call: _____

Directions to Home (enter month & year when updating): _____

AVAILABLE TRANSPORTATION: Self Bus Taxi Walk None Volunteer Other: _____

COMMUNITY SERVICES (check those used): (enter month & year when updating)

- AFDC Meals On Wheels Vocational Rehabilitation
- Church Senior Services County Social Services
- Day Care School Lunches Medicaid
- Food Stamps Children's Medical Services Other: _____

Social Worker: _____ Phone No.: _____ Agency: _____

	Persons Living In Home *	Date of Birth	Relationship To Client
	Children (under 18) Not Living In Home *	Date of Birth	Comments

LIVING QUARTERS: Apartment House Mobile Home Car Camper Temporarily without shelter Other: _____
(check one) Number of Rooms: _____ Method to Heat: _____ Method to Cool: _____

CHECK the working things you have: Refrigerator Cooking Stove Hot Plate Fan Indoor Toilet
 Water Inside for Drinking Water Inside for Bathing

Date: _____ Name & Title of Person Reviewing: _____

DH 3058, 10/96 (Replaces HRS-H Form 3058 which may be used)
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