



LUKE A. BRONIN
Mayor

CITY OF HARTFORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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LIANY E. ARROYO
Health Director

Date: _____

Client's name: _____

Displaced address: _____ Move-in date of displaced address: _____

Notice from Licenses & Inspections Division presented (check one)? Yes No

Temporary location address: _____

Main contact number: _____ Alternate number: _____

Email Address: _____

Ethnicity/Race (check all that apply): Latino/Hispanic Black/African-American Asian/Pacific Islander
 Native American/Alaska Native White Other: _____

Which state assistance(s) do you receive? SNAP TANF Medical Client ID: _____

Do you receive housing assistance (check one)? Yes No If yes, list agency: _____

Household Members							
	Head of household (Check)	Full Name (Include client)	Age	Sex	Employed	Sources of Income (e.g., FT/PT employment, social)	Gross Yearly Income (\$)
A	<input type="checkbox"/>			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N		
B	<input type="checkbox"/>			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N		
C	<input type="checkbox"/>			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N		
D	<input type="checkbox"/>			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N		
E	<input type="checkbox"/>			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N		
F	<input type="checkbox"/>			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N		

Occupancy evidence (check all that apply): Rent receipt Copy of lease Utility bill
 Personal Check w/ pre-printed address CT driver's license or ID card
 Government assistance form Other: _____

Current residence: Total rooms: _____ Total bedrooms: _____ Monthly rent: \$ _____

Rent includes (check all that apply): Heat Hot Water Electricity Refrigerator Stove
 Furniture Other: _____

Indicate any medical conditions/concerns for any household member: _____