TRI-CAP
Improving Lives Since 1966

PLEASE PRINT

2026 Client Characteristics Form

SIDE 1 - Individual Information SEE SIDE 2 →

NAME: _____ PHONE # / TYPE: _____ COUNTY: _____ E-MAIL: _____
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ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
PLEASE PRINT

Please list the TRI-CAP Program(s) / Service(s) you received next to the county you received it in

Dubois: _____

Pike: _____

Warrick: _____

Vanderburgh: _____

Other (list program & county): _____

Health Insurance Codes

a.) Medicaid
b.) Medicare
c.) State Children's Health Insurance Program
d.) State Health Insurance for Adults
e.) Military Health Care
f.) Direct - Purchase
g.) Employment Based
h.) Unknown / Not Reported

NOTE: It is important to fill in ALL the information requested on BOTH SIDES to collect data on your household so we can better serve the needs of our clients. Thank You!

Section D: Disconnected Youth
Youth ages 14-24 who are neither working or in school

EQUAL HOUSING OPPORTUNITY

Section A: Race Codes

a.) American Indian or Alaska Native
b.) Asian
c.) Black or African American
d.) Native Hawaiian or Other Pacific Islander
e.) White
f.) Other
g.) Multi-Race (two or more of the above)
h.) Unknown / Not Reported

Section B: Ethnicity Codes

a.) Hispanic, Latino, or Spanish Origins
b.) Not Hispanic, Latino, or Spanish Origins
c.) Unknown / Not Reported

Section C: Completed Education Level Codes

a.) Grades 0 - 8
b.) Grades 9 - 12 Non-Graduate
c.) High School Graduate
d.) GED / Equivalency Diploma
e.) 12+ Some Post Secondary
f.) 2 or 4 years College Graduate
g.) Graduate of other Post-Secondary School
h.) Unknown / Not Reported

Section E: Work Status (Individuals 18+)

a.) Employed Full-Time
b.) Employed Part-Time
c.) Migrant Seasonal Farm Worker
d.) Unemployed (short-term, 6 months or longer)
e.) Unemployed (long-term, more than 6 months)
f.) Unemployed (not in labor force)
g.) Retired
h.) Unknown / Not Reported

***** Please provide the following information for EVERYONE living in your household.**
Use Sections A - E to complete sections below:***

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FILL OUT ALL spaces completely. If you need more lines for household members, ask for another form.

											Sections A	B	C	D	E		
Relation to You	Last Name	First Name	M. I.	Sex M/F Other	Last 4 #'s only Soc. Sec. #	Date of Birth (MM / DD / YY)	Age	Active Military / Veteran / Unknown (A - V - U)	Health Insurance Code	Disabled Y / N	Race	Ethnicity	Completed Education Level Code	Disconnected Youth (Y/N)	Work Status (Individuals 18+)	Employer	$ Annual Income
CLIENT RECEIVING SERVICE					XXX-XX-____	/ /											
HOUSEHOLD MEMBERS					XXX-XX-____	/ /											
					XXX-XX-____	/ /											
					XXX-XX-____	/ /											
					XXX-XX-____	/ /											
					XXX-XX-____	/ /											
					XXX-XX-____	/ /											
					XXX-XX-____	/ /											
					XXX-XX-____	/ /											
																TOTAL INCOME	

TRI-CAP is requesting the above information for statistical purposes as required by our grant funding. Social services will be provided regardless of race, age, ethnicity, religions, gender, handicap, national origin or ancestry.
I understand this and agree to share my household information with TRI-CAP for any grant-required statistical purposes and grant-required tri-annual community needs assessment survey requests.

Head of Household Signature: _____ **Date:** _____ **TRI-CAP Employee Name:** _____
PLEASE PRINT PLEASE PRINT

SIDE 2 - Household Information -- Check all that pertain to your household

Household Type:

a.)	Single Person	
b.)	Two Adults NO Children	
c.)	Single Parent Female	
d.)	Single Parent Male	
e.)	Two Parent Household	
f.)	Non-Related Adults w/Children	
g.)	Multi-Generational Household	
h.)	Other	
i.)	Unknown / Not Reported	

Household Size:

a.)	Single Person	
b.)	Two	
c.)	Three	
d.)	Four	
e.)	Five	
f.)	Six or More	
g.)	Unknown / Not Reported	

Housing:

a.)	Own	
b.)	Rent	
c.)	Other Permanent Housing	
d.)	Homeless	
e.)	Other	
f.)	Unknown / Not Reported	

Level of TOTAL Household Income:

a.)	Up to 50%	
b.)	51% to 75%	
c.)	76% to 100%	
d.)	101% to 125%	
e)	126% to 150%	
f.)	151% to 175%	
g.)	176% to 200%	
h.)	201% to 250%	
i.)	250% and over	
j.)	Unknown / Not Reported	

Sources of Household Income:

a.)	Income from Employment ONLY	
b.)	Income from Employment and Other Income Source	
c.)	Income from Employment, Other Income Source and Non-Cash Benefits	
d.)	Income from Employment and Non-Cash Benefits	
e.)	Other Income Source ONLY	
f.)	Other Income Source & Non-Cash Benefits	
g.)	No Income	
h.)	Non-Cash Benefits ONLY	
i.)	Unknown / Not Reported	

Other Income Source:

a.)	TANF	
b.)	Supplemental Security Income (SSI)	
c.)	Social Security Disability Income (SSDI)	
d.)	VA Service-Connected Disability Compensation	
e.)	VA Non-Service Connected Disability Pension	
f.)	Private Disability Insurance	
g.)	Worker's Compensation	
h.)	Retirement Income from Social Security	
i.)	Pension	
j.)	Child Support (Receive or Pay)	
k.)	Alimony or other Spousal Support	
l.)	Unemployment Insurance	
m.)	EITC	
n.)	Other	
o.)	Unknown / Not Reported	

Non-Cash Benefits:

a.)	SNAP	
b.)	WIC	
c.)	LIHEAP	
d.)	Housing Choice Voucher	
e.)	Public Housing	
f.)	Permanent Supportive Housing	
g.)	HUD - VASH	
h.)	Childlcare Voucher	
i.)	Affordable Care Act Subsidy	
j.)	Other	
k.)	Unknown / Not Reported	

REVISED 2-23-2026