

# REGISTRATION INTAKE FACE SHEET – ROAP

North Dakota Department of Human Services  
SFN 1894 (07-2003)

<b>Client Name:</b>		<b>Client DOB:</b>		<b>Client ID:</b>	
<b>INTAKE INFORMATION</b>					
<b>ADDRESS (include City, State and Zip Code)</b>			<b>OTHER DEMOGRAPHICS</b>		
			Gender	<input type="radio"/> Male	<input type="radio"/> Female
			Race (Select from Code Table)		
Home Phone Number	_____	Ethnicity	<input type="radio"/> Cuban	<input type="radio"/> Mexican	
Work Phone Number	_____	(choose only one)	<input type="radio"/> Not Hispanic or Latino		
SSN	_____		<input type="radio"/> Other Hispanic or Latino		
Alternate Last Name	_____		<input type="radio"/> Puerto Rican	<input type="radio"/> Unknown	
Age	_____	Relation to insured (See List under Relationship in previous column)			
		Marital Status	<input type="radio"/> Divorced	<input type="radio"/> Married	
		(choose only one)	<input type="radio"/> Separated	<input type="radio"/> Single	
			<input type="radio"/> Unknown	<input type="radio"/> Widowed	
<b>CLIENT INFORMATION</b>					
Living Arrangement (choose only one)			County of Residence		
<input type="radio"/> Family Foster Care	<input type="radio"/> Group/Residential Facility		_____		
<input type="radio"/> Homeless Shelter	<input type="radio"/> Jail/Correctional Facility		Ed. Level (Select from Code Table)		
<input type="radio"/> Missing	<input type="radio"/> Nursing Home		_____		
<input type="radio"/> Other	<input type="radio"/> Other Institutional Setting		Language (Select from Code Table)		
<input type="radio"/> With extended family	<input type="radio"/> Own/Immediate Family		Empl. Status	<input type="radio"/> Disabled	<input type="radio"/> Full-Time
			(choose only one)	<input type="radio"/> Inmate Institution	<input type="radio"/> Not applicable
				<input type="radio"/> Not working by choice	<input type="radio"/> Part-time
Veteran Status				<input type="radio"/> Retired	<input type="radio"/> Student
<input type="radio"/> No	<input type="radio"/> Yes			<input type="radio"/> Unemployed	
Physician Information			Ref. Source (Select from Code Table)		
Name	_____		Occupation (choose only one)		
Address 1	_____		<input type="radio"/> Clerical Worker	<input type="radio"/> Manufacturing	<input type="radio"/> Service Industry
Address 2	_____		<input type="radio"/> Craftsman	<input type="radio"/> Military	<input type="radio"/> Student
City	State	Zip	<input type="radio"/> Farmer / Rancher	<input type="radio"/> None	<input type="radio"/> Teacher
	_____	_____	<input type="radio"/> Homemaker	<input type="radio"/> Other	<input type="radio"/> Transportation
			<input type="radio"/> Machine Operator	<input type="radio"/> Professional / Technical	<input type="radio"/> Unknown
			<input type="radio"/> Manager / Administrator	<input type="radio"/> Salesperson	<input type="radio"/>

