Name: ----------
Date: ----------**Sex:** --------
Period/Subject: ----------**No:** -------
Phone: ---------- **ID**----------

HAG-SSID/IDENTIFICATION FORM

HARVEST ASSEMBLY OF GOD-COLUMBUS
SOCIAL-INTEGRATION SERVICES
HAG/RegAG1896.../501(c) (3) /EIN 87-3291.....IRC

SSID 3

- ☐ House /Lease/ Billing/Rent for Owner
- ☐ Banking
- ☐ Food Stemp
- ☐ Travel Doc

SSID 2

- ☐ Parmit/License Car repair/Buy
- ☐ Primary Dr
- ☐ Medicaid/Assurance
- ☐ Driving Skills

SSID 1

- ☐ Immigration /Police Education/ Interpret
- ☐ Green Card ID/ Passport
- ☐ Culture Orientation
- ☐ Employment
- ☐ Citizenship
- ☐ Unemployment/Resume
- ☐ Computer Literacy
- ☐ Home Visit/sick
- ☐ Bereavement for Loss
- ☐ Elders Care
- ☐ Day Care
- ☐ Baby shower/ Brides Shower

Agent: …… Signature:…..…..

Appointment: Date……. /…. / 20…../Hour:……..

Duration:….hours/Day's…../Status :…...Age:…....

Adress: City:…….Street:…….Zip:……..

Customer Signature: ……..…Family Numb:.....

Others Contributions Done:……$...……

Verification:……..Date:……/……./……..

Name: .....
Date: .....
Period/Subject: .....
Worker Name:.....
Reception Time:.....SSID/Case#...../DAY

HAG/SSID NEEDS, ASSESSMENT FORM

What?

Where?

When ?

Why?

Recomandation: