



1259 Industrial Drive, Saline, MI, 48176
SalineSocialService.com
Phone: 734.429.4570

Glenna Rehder
Chief Operations Officer
grehder@salinesocialservice.com

2026 CLIENT REGISTRATION FORM

Date: _____

Primary Contact: _____

Phone: _____ Email: _____

Address: _____ Current Housing? *Own Rent Other*

Is there a veteran in your household? *Yes No Who?* _____

How did you hear about SASS? _____

Examples of income sources:

Employment Wages	Child Support	Supplemental Security Income
Pension	Social Security (Retirement/Survivors)	Social Security Disability Insurance
Unemployment	Disability/Worker's Compensation	Other Income

HOUSEHOLD MEMBERS

(Please list all, including yourself.)

Head of Household Name: _____

Date of Birth: _____ Gender: _____ Race/ethnicity: _____

Marital Status: _____ Employed? *Full-time Part-time Not employed*

Income Sources: _____

Receive SNAP benefits? *Yes No* Do you receive benefits from: *Medicare Medicaid*

Type(s) of Social Security (if applicable): *Supplemental Disability Retirement Survivors*

Do you have a disability? *Yes No* Is English your first language? *Yes No*

Level of Education: _____ Degree (if applicable): _____



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Additional Household Member: _____ Relationship to HOH: _____

Date of Birth: _____ Gender: _____ Race/ethnicity: _____

Marital Status: _____ Employed? *Full-time* *Part-time* *Not employed*

Income Sources: _____

Receive SNAP benefits? *Yes* *No* Do you receive benefits from: *Medicare* *Medicaid*

Type(s) of Social Security (if applicable): *Supplemental* *Disability* *Retirement* *Survivors*

Do you have a disability? *Yes* *No* Is English your first language? *Yes* *No*

Level of Education: _____ Degree (if applicable): _____

Additional Household Member: _____ Relationship to HOH: _____

Date of Birth: _____ Gender: _____ Race/ethnicity: _____

Marital Status: _____ Employed? *Full-time* *Part-time* *Not employed*

Income Sources: _____

Receive SNAP benefits? *Yes* *No* Do you receive benefits from: *Medicare* *Medicaid*

Type(s) of Social Security (if applicable): *Supplemental* *Disability* *Retirement* *Survivors*

Do you have a disability? *Yes* *No* Is English your first language? *Yes* *No*

Level of Education: _____ Degree (if applicable): _____

Additional Household Member: _____ Relationship to HOH: _____

Date of Birth: _____ Gender: _____ Race/ethnicity: _____

Marital Status: _____ Employed? *Full-time* *Part-time* *Not employed*

Income Sources: _____

Receive SNAP benefits? *Yes* *No* Do you receive benefits from: *Medicare* *Medicaid*

Type(s) of Social Security (if applicable): *Supplemental* *Disability* *Retirement* *Survivors*

Do you have a disability? *Yes* *No* Is English your first language? *Yes* *No*

Level of Education: _____ Degree (if applicable): _____