



Client Intake Form

Date:

Please complete this side of the form for the person receiving services today

SSN: First Name: MI Last Name:

Alias or Maiden Name Date of Birth: Gender Pregnant: Military Status: Disabled: Yes No

Indicate Your Marital Status: Ethnicity - Hispanic /Latino: Race: Yes No

Education: Insurance: Non-Cash Benefits (Hold down Ctrl to choose multiple):

House #: Direction: Street: Suffix:

Apartment: Floor: County:

City Name: State: Zip-Code:

Intake Date: Intake Site: Primary Language: Secondary Language:

Family Type: Email Address:

Home Phone: Cell Phone: Message Phone or Fax:

What is the Best Way to Contact You: How Did You Hear About Us: Housing Situation: Utility Company:

Work Status: Employer Name: Hours per week: Any Limitations Yes No

Income Type:	Interval:	Amount:	Income Type:	Interval:	Amount:	Income Type:	Interval:	Amount:
Wages			Pension			None		
Self-Employed			Workers Comp			Other		
Social Security			Interest/Dividend			Public Assistance		
SSI			Rental			VA- Service Con.		
TANF			Alimony			VA- Non Service		
Unemployment			SSDI			EITC		
Veterans Benefits			Child Support			Private Disab. Ins.		

Income Verification Date: Verification Document (Hold down Cntrl to choose multiple):

Please answer the following: Yes No Access to Transportation: If you receive services what ones are you receiving?
 HS Diploma or GED TANF SNAP HEAP Housing Assistance Medicaid/Fidelis
 Read/Write English

Do you have the skills to get a job: Child Care: Childcare Enrollment:

Safe Affordable Housing: Caregiver for Elderly Person: Can't Afford Elder Care:

Children with Health Insurance: Adults with Health Insurance:

Please complete this side of the form for the additional members of your household

Social Security Number	First Name	Middle Initial	Last Name	Date of Birth	Male or Female	Using the key below please answer the following						Using (Y) Yes or (N) No please answer the following				Use key below			
						Marital Status	Relation to Applicant	Ethnicity	Race	Education	Health Insurance	Non-Cash Benefits	Served in the Military	SNAP(Food Stamps)	WIC	Disabled	Monthly Income (\$)	Source of Income	

Marital Status	Relation to Applicant	Ethnicity	Race	Education	Source of Income	Health
A. Single B. Married C. Widowed D. Separated E. Divorced F. Child Non-Cash Benefits I. ACA Subsidy H. Childcare Voucher D. Housing Voucher G. HUD-VASH C. HEAP N. None J. Other F. Support Housing	A. Mother B. Father C. Child D. Sister E. Brother F. Guardian G. Partner H. Friend I. Spouse J. Grandparent K. Foster Parent L. Foster Child M. Grandchild N. Stepparent O. Other	A. Hispanic or Latino B. Non-Hispanic or Non-Latino	A. Native American B. Asian C. Caucasian/White D. African American/Black E. Bi-Racial/Multi-Racial F. Hawaiian Pacific Islander G. Other	A. 0-8th grade B. 9-12th grade C. High School Grad D. GED E. 12 + some secondary school F. 2 -year College graduate G. 4-year College graduate H. N/C Child under age of 18 I. Graduate Degree	A. Wages B. Self- Employed C. Social Security D. SSDI E. SSI F. Child Support G. TANF H. Interest Dividends I. Unemployment Insurance J. Pension K. Worker's Comp. L. VA Service Connected M. VA Non Service N. Private Disability Ins. O. Alimony P. Rental Q. Veterans Benefits R. Earned Income Tax Credit S. Public Assistance T. Other _____	F. Direct Purchase G. Employment Based A. Medicaid B. Medicare E. Military Healthcare C. State Program: Children D. State Program: Adult H. Unknown

Family Resource Center Supplemental Intake

Household type (check all that apply):

- I live with spouse or partner
- I live with my own parents or my partners parents
- I am a single parent
- I am a noncustodial parent

What best describes your employment status? (check only 1)

- Employed full-time at 1 job
- Employed part-time at 1 job
- Employed at multiple jobs
- Employed with temporary/seasonal employment
- Not employed and currently seeking employment
- Not employed and not currently seeking employment

Do you have any significant medical concerns or disabilities (physical, emotional, learning, or developmental)?

Yes No

Is English your primary language? Yes No

If Yes: Do you read and write in English? Yes No

If No: What is your primary language?

Do you read and write in your primary language? Yes No

Do you speak/understand English? Yes No

Do you read and write in English? Yes No

Do you have a primary care provider? Yes No

Do you have any concerns with meeting your family's basic needs in any of the following areas:

Yes NO

Food:

Housing:

Clothing/household goods:

Safety

Additional Notes or Comments: