



**Client Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Alias: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
*(maiden name, nicknames, etc.)*  
 Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  Don't Know (N/A)  Refused  
 Date of Birth Quality:  Full DOB reported  Approximate or partial DOB reported  Don't Know  Refused  
 Age at Program Entry: \_\_\_\_\_ Does client have State issued ID?  Yes  No

<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender female to male <input type="checkbox"/> Transgender male to female <input type="checkbox"/> Other <input type="checkbox"/> Don't Know	<b>Marital Status:</b> <input type="checkbox"/> Single/Never Married <input type="checkbox"/> Married & Living w/ Spouse <input type="checkbox"/> Married & Not Living w/ Spouse <input type="checkbox"/> Not Married - Living together <input type="checkbox"/> Common Law <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<b>Race:</b> <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Don't Know <input type="checkbox"/> Other <input type="checkbox"/> Refused
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Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

**Dependent Information** *(client must have custody)*

Name: _____	Name: _____	Name: _____
Date of Birth: _____ Age: _____	Date of Birth: _____ Age: _____	Date of Birth: _____ Age: _____
Grade in School: ____ Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Grade in School: ____ Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Grade in School: ____ Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____	Name: _____	Name: _____
Date of Birth: _____ Age: _____	Date of Birth: _____ Age: _____	Date of Birth: _____ Age: _____
Grade in School: ____ Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Grade in School: ____ Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Grade in School: ____ Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No

**Services Received/Requested**

*Please check all services you have received or would be interested in receiving.*

**Assistance - Emergency Basic Needs:**

- Food
- Clothing
- Housewares
- Transportation
- Medical/Dental/Prescriptions
- School Supplies
- Holiday food and toys

**Assistance - Housing Services:**

- Rent/Mortgage Assistance
- Affordable Housing Location
- Case Management
- Referral Services for other needs

**Disaster Relief:**

- Minor home repairs
- Temporary Housing
- Case Management
- Utilities
- Furniture/Appliances
- Transportation/Vehicle Repairs
- Mental Health Services
- Referrals to legal services

**Family Violence Center:**

- Counseling for victims
- Peer and legal advocacy
- Violence awareness education

**Fifty-Plus Senior Center:**

- Events and classes for seniors
- Free lunch at 60+ Café
- Transportation to medical appointments

**Learning Center:**

- ESL Classes
- GED/HSE Classes
- Financial Literacy Classes
- Vocational Training
- Job Search Assistance
- Career Fairs

**Meals on Wheels:**

- Meal delivery to homebound seniors and disabled adults
- Supplemental groceries for seniors

**Pediatric Health Center:**

- Wellness checks
- Preventative Healthcare
- Treatment of minor injuries
- Sick care
- Management of chronic illness
- Sports Physicals
- Immunizations
- Healthy Living Program

Other (Please Specify): \_\_\_\_\_

**For Office Use Only:**

Date of Intake: \_\_\_\_\_ Staff: \_\_\_\_\_  
 Intake information entered into Client Track by: \_\_\_\_\_