



**CLIENT INTAKE FORM**

Last Name: [Click here to enter text.](#)

First Name: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

City: [Click here to enter text.](#)

ST: [Click here to enter text.](#) Zip: [Click here to enter text.](#)

Home Phone: [Click here to enter text.](#)

Cell Phone: [Click here to enter text.](#)

DOB: [Click here to enter text.](#) Age: [Click here to enter text.](#) Sex:  Male  Female

Marital Status:

Widow  Married  Divorced  Single  Separated  Unknown

Ethnicity:

White  Black  Latino  Asian  Native American  Other

Veteran:  Yes  No

Education:  Did not complete High School  High School Diploma  GED  Vocational School  Some College  BS/BA  Advanced Degree

Number in Household: [Click here to enter text.](#) Annual Income: [Click here to enter text.](#)

If client's income falls within the below grid, please circle the number on the grid.

		1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8+ Persons
Low	80%	34,350	39,300	44,200	49,100	53,050	56,950	60,900	64,800
Low Income	50%	21,500	24,550	27,650	30,700	33,150	35,600	38,050	40,500
Very Low Income	30%	12,900	14,700	16,550	18,400	19,850	22,800	22,800	24,300

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### Transportation Information

Cross-street and directions for transportation: [Click here to enter text.](#)

Living Arrangements:  Foster Home  Lives Alone  Lives with Extended Family  Lives with Parents  Lives with Spouse

Location:  Family/Relative's Home  Foster Home  Own Home

### Emergency Contact

Contact 1: First Name: [Click here to enter text.](#) Last Name: [Click here to enter text.](#)

Phone: [Click here to enter text.](#) Relationship: [Click here to enter text.](#)

Contact 2: First Name: [Click here to enter text.](#) Last Name: [Click here to enter text.](#)

Phone: [Click here to enter text.](#) Relationship: [Click here to enter text.](#)

Form Completed by:  Client  Family Member  Staff

Name: [Click here to enter text.](#)

Date: [Click here to enter text.](#)