

Client Intake Application

Clinet # _____

Section I: Applicant Information

Full Name: _____ Total Number of People in Household: _____

Address (Street, City, State, Zip, County): _____

Phone Number: _____ Email: _____ Driver's License #: _____ State: _____ Expiration: _____

Section II: Services Requested

_____ Food _____ Clothing _____ Household goods _____ transportation _____ resources _____ budget planning _____ Other

Section III: Household Members (add additional family members on back if there are more than 6)

1. Name: _____	DOB: _____	SSN: _____	Relationship: _____
2. Name: _____	DOB: _____	SSN: _____	Relationship: _____
3. Name: _____	DOB: _____	SSN: _____	Relationship: _____
4. Name: _____	DOB: _____	SSN: _____	Relationship: _____
5. Name: _____	DOB: _____	SSN: _____	Relationship: _____
6. Name: _____	DOB: _____	SSN: _____	Relationship: _____

Section IV: Housing

_____ Own _____ Rent _____ Public Housing _____ Section 8 Housing _____ Living with Family/Friends _____ Homeless _____ Other

Section V: Income Information Provide income details for all household members with income:

1. Name: _____	Employer/Source: _____	Amount: _____	month/week/year
2. Name: _____	Employer/Source: _____	Amount: _____	month/week/year
3. Name: _____	Employer/Source: _____	Amount: _____	month/week/year
4. Name: _____	Employer/Source: _____	Amount: _____	month/week/year

