

# Request for Services/Client Intake Form

Returning Client      Referred by: \_\_\_\_\_

Initial Contact Date: \_\_\_\_\_ Intake Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ SSN (optional): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male  Female

Race (optional): \_\_\_\_\_

Religious Preference (optional): \_\_\_\_\_

## Marital

Status:      Single     Married     Divorced     Separated     Widowed     Household Size: \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_

## Dependents:

Name(s)	Age(s)	Name(s)	Age(s)

Emergency Contact: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ Additional Emergency Phone: \_\_\_\_\_

Medical Condition: \_\_\_\_\_

Disabled     Homebound     Wheelchair use

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Services Requested:

- |                                   |                          |                            |                          |
|-----------------------------------|--------------------------|----------------------------|--------------------------|
| Older Adults Services             | <input type="checkbox"/> | Advocacy/Referral          | <input type="checkbox"/> |
| Youth/Family Services             | <input type="checkbox"/> | Financial Assistance       | <input type="checkbox"/> |
| Case Management                   | <input type="checkbox"/> | Immigration/Legal Services | <input type="checkbox"/> |
| Employment/Career Services        | <input type="checkbox"/> | Translation/Notary         | <input type="checkbox"/> |
| Adoption                          | <input type="checkbox"/> | Donation Program           | <input type="checkbox"/> |
| English as a Second Language      | <input type="checkbox"/> | Burial Service Assistance  | <input type="checkbox"/> |
| Transportation                    | <input type="checkbox"/> | SHARE Network              | <input type="checkbox"/> |
| Mental Health Referral Services   | <input type="checkbox"/> | Volunteer Services         | <input type="checkbox"/> |
| Housing Referral/Discount Program | <input type="checkbox"/> | Migratory Services         | <input type="checkbox"/> |
| Resettlement Program              | <input type="checkbox"/> |                            |                          |

Other Social Services Agencies Currently Working With: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
In-take Staff Signature

\_\_\_\_\_  
Date