

CLIENT INTAKE FORM



Partner/Spouse: _____

Today's Date: _____

Birthdate: _____

****Each adult in the household must complete and sign the form****

Name: _____ Age: _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> non-binary	Race: <input type="checkbox"/> B <input type="checkbox"/> W <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
Married: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Separated	Veterans: <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer: _____
Current Housing Status: <input type="checkbox"/> Permanent (# years/months _____) <input type="checkbox"/> Temporary <input type="checkbox"/> Shelter <input type="checkbox"/> Homeless		
Household Members: # Adults _____ # Children _____ Ages: _____, _____, _____, _____, _____, _____		
Are you or family member Medicaid recipient? <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Children Other Insurance? _____		
How would you rate your health? <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
What is your current greatest concern about your health? _____		

How did you hear about Family Promise? _____

Have you received financial assistance from the Family Promise in the last 12 months? Yes / No

Are you involved with another Harrelson Center Partner? Y / N Partner: _____

Which number from 1 to 100 describes your quality of life? (1-No quality of life/100-Perfect quality of life) # _____

Emergency Assistance Requested: _____

Reason for Emergency: _____

What financial assistance have you received from other agencies? _____

MONTHLY HOUSEHOLD INCOME		
	Last Month	This Month
Employment	\$	
Unemployment Comp.	\$	
SSD / SSI	\$	
Pension	\$	
Food Stamps	\$	
Medicare/Medicaid	\$	
Child Support	\$	
Work First	\$	
Child tax credit/Stimulus	\$	
School Loans	\$	
Other:From friends/family	\$	
Housing Subsidy / Section 8	\$	
Tax Refund	\$	
Total Income		

MONTHLY HOUSEHOLD EXPENSES			
	Monthly	Owe	Paid
Rent / Mortgage LL: _____	\$		
Electricity Acct # _____	\$		
Water Acct #: _____	\$		
Oil / Gas Acct # _____	\$		
Food	\$		
Medical	\$		
Childcare/Child support	\$		
Phone	\$		
Internet / Cable	\$		
Car Payment	\$		
Transportation (gas, bus, Uber)	\$		
Insurance (car, home, life)	\$		
Credit Card pymts	\$		
Total Expenses			

I authorize Family Promise of the Lower Cape Fear to share my information or request my information in order to seek assistance on my behalf and to use my name and/or photo for use in promotional material. I understand this does not guarantee funding.

Signature: _____ Date: _____

