

CLIENT INTAKE FORM

Name (first, last)		
Address (wherever you are currently staying or N/A)		
City	State	Zip
Phone	Email Address	
SS#/ITIN#/PASSPORT# (last 5 digits)	Driver's License# (if applicable)	
Birthdate	/ /	
Alternative phone number	Emergency contact	
Monthly Income \$:	Head of Household <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Refused	
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Refused	
Number of children	Children ages (if applicable)	
Ethnicity	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Refused	
Employment Status	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Retired	
Education	<input type="checkbox"/> No Schooling Completed <input type="checkbox"/> Only completed Elementary <input type="checkbox"/> Only completed Middle School <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Didn't complete college <input type="checkbox"/> Completed post-secondary education	
Military	<input type="checkbox"/> None <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> Dishonorable Discharge <input type="checkbox"/> Discharged <input type="checkbox"/> Retired	

I certify that all of the above information listed is true and correct. I understand that I may be disqualified from receiving assistance by making false statements or from the withholding of documentation. I hereby authorize Community Fuse and the resource I'm applying for to obtain my information on this form and use it to refer me to other resources if needed. I understand that the resource may request a photo of every applicant's ID or face. I understand that the purpose of the Community Fuse data sharing network in cooperation with nonprofits, human service agencies, and other resources is to assist applicants with any other resources they might be eligible for and needing. THIS AUTHORIZATION DOES NOT EXPIRE UNLESS REQUESTED IN WRITING.

DATE _____

SIGNATURE OF APPLICANT/GURADIAN: _____

INCOME SOURCES

Non-Cash Benefits

Food stamps or money for food on a benefits card	<input type="checkbox"/>
MEDICAID health insurance program	<input type="checkbox"/>
State Children’s Health Insurance Program (SCHIP)	<input type="checkbox"/>
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="checkbox"/>
Veteran’s Administration (VA) Medical Services	<input type="checkbox"/>
TANF child care services	<input type="checkbox"/>
TANF transportation services	<input type="checkbox"/>
Other TANF-Funded Services	<input type="checkbox"/>
Section 8, Public Housing, or other rental assistance	<input type="checkbox"/>
Other source:	<input type="checkbox"/>

Sources and Amounts of Income

Earned income (i.e., employment income)	\$
Unemployment Insurance	\$
Supplemental Security Income (SSI)	\$
Social Security Disability Income (SSDI)	\$
Veteran’s disability payment	\$
Private disability insurance	\$
Worker’s compensation	\$
Temporary Assistance for Needy Families (TANF)	\$
General Assistance (GA)	\$
Retirement income from Social Security	\$
Veteran’s pension	\$
Pension from a former job	\$
Child support	\$
Alimony or other spousal support	\$
Other source:	\$
Total Monthly Income	\$

MONTHLY EXPENSES

Housing/Utilities

Monthly

Rent	\$
Electricity	\$
Gas Bill	\$
Water	\$
Cable/ Satellite TV	\$
Internet	\$

Loans/Advances

Vehicle 1	\$
Vehicle 2	\$
Credit Card 1	\$
Credit Card 2	\$
Credit Card 3	\$
Check Advance 1	\$

Insurance/Medical/Dental

Medical Insurance	\$
Dental Insurance	\$
House/Renters Insurance	\$
Auto Insurance	\$
Prescriptions	\$
Medical/ Dental Payments	\$

Other/Miscellaneous

Cell Phone	\$
Fines/Probation	\$
Child Support	\$
Shelter Costs	\$
Gas Estimate (vehicle)	\$
Groceries estimate per month	\$
Other 3 (description)	\$
Total Monthly Expenses	\$

Total Monthly Income	\$
Total Monthly Expenses	\$
Available cash in hand per month	\$