

Client Intake Form

AGENCY NAME: <u>Batipl</u> <u>Jacob</u> <u>R</u> Participant Last Name First Name MI			PROJECT NAME: _____ ADDRESS: _____ Number Direction Street Name Apt. No.			TYPE OF PROGRAM: (check one) <input type="checkbox"/> Out-of-School <input type="checkbox"/> PI <input type="checkbox"/> CHA		
TELEPHONE NUMBER: <u>(908-528-2412</u>			<u>Chicago, IL 606</u>			<u>Homeless Youth</u>		
ETHNICITY: (check one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			GENDER: (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female			AGE: <u>20</u>		BIRTHDATE: <u>March 21, 1998</u>
RACE: (check one) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other Multi racial <u>n/a</u>			CURRENT GRADE (if in school) or <u>14</u> HIGHEST LEVEL OF EDUCATION COMPLETED: _____ SCHOOL: <u>Rutgers</u>			DISABLED: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify <u>no</u>		
			Community Area: <u>Piscataway</u>					
			Ward: <u>asdfikj</u>					

HEAD OF HOUSEHOLD INFORMATION

FAMILY TYPE: (check one) <input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Two-parent household <input type="checkbox"/> Independent Youth <input type="checkbox"/> Relative <input type="checkbox"/> Guardian	HOUSING STATUS: (check one) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless/Shelter <input type="checkbox"/> In Temporary Housing	FOOD STAMPS: (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No FREE/REDUCED LUNCH: (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No HEALTH INSURANCE: (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	INCOME SOURCE (check all that apply) <input type="checkbox"/> Employment <input type="checkbox"/> Pension <input type="checkbox"/> TANF <input type="checkbox"/> Earnfare <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Other (Including SSDI, Child Support and VA Benefits) <input type="checkbox"/> SSI
SOURCE OF REFERRAL (Location that sent you) <u>County Office</u>			CHA Client ID#: <u>13632</u>

Signature of Applicant (Date) _____

Intake Worker's Signature (Date) _____

PARENT OR GUARDIAN'S STATEMENT: I certify that the above information is accurate and I give my permission for the above named to participate in this program.

Signature* of Parent or Guardian

Date

*Required for all participants 17 years of age or younger Please refer to Income table to