

Client Intake Form

AGENCY NAME: _____			PROJECT NAME: _____			TYPE OF PROGRAM: (check one) Out-of-School <input type="checkbox"/> PI <input type="checkbox"/> CHA		
ADDRESS:			ADDRESS:					
Participant Last Name	First Name	MI	Number	Direction	Street Name	Apt. No.		
TELEPHONE NUMBER: () _____			Chicago, IL 606			Homeless Youth		
ETHNICITY: (check one) Hispanic Non-Hispanic			GENDER: (check one) Male Female			AGE: _____		BIRTHDATE: _____
RACE: (check one) American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander White Other Multi racial			CURRENT GRADE (if in school) or HIGHEST LEVEL OF EDUCATION COMPLETED: _____ SCHOOL: _____ DISABLED: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify _____ Community Area: _____ Ward: _____					
HEAD OF HOUSEHOLD INFORMATION								
FAMILY TYPE: (check one) Single Parent/Female Single Parent/Male Two-parent household Independent Youth Relative 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) _____				CHA Client ID#: _____				

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