

Client Intake Form

AGENCY NAME: Smith Billy R			PROJECT NAME: _____			TYPE OF PROGRAM: (check one) <input checked="" type="checkbox"/> Out-of-School <input type="checkbox"/> PI <input type="checkbox"/> CHA		
Participant Last Name	First Name	MI	ADDRESS: _____		Number	Direction	Street Name	Apt. No.
TELEPHONE NUMBER: (908-555-2115)			Chicago, IL 606 _____		Homeless Youth			
ETHNICITY: (check one) <input checked="" type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic			GENDER: (check one) <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		AGE: 20		BIRTHDATE: March 21, 1998	
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 checked="" type="checkbox"/> White <input type="checkbox"/> Other Multi racial			CURRENT GRADE (if in school) or 14 HIGHEST LEVEL OF EDUCATION COMPLETED: _____ SCHOOL: Rutgers DISABLED: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify no Community Area: Piscataway Ward: asdfikj					

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 checked="" type="checkbox"/> Relative <input type="checkbox"/> Guardian	HOUSING STATUS: (check one) <input type="checkbox"/> Rent <input checked="" type="checkbox"/> Own <input type="checkbox"/> Homeless/Shelter <input type="checkbox"/> In Temporary Housing	FOOD STAMPS: (check one) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No FREE/REDUCED LUNCH: (check one) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No HEALTH INSURANCE: (check one) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	INCOME SOURCE (check all that apply) <input checked="" type="checkbox"/> Employment <input type="checkbox"/> Pension <input type="checkbox"/> TANF <input type="checkbox"/> Earnfare <input checked="" type="checkbox"/> Social Security <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Other (Including SSDI, Child Support and VA Benefits) <input type="checkbox"/> SSI
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SOURCE OF REFERRAL (Location that sent you) **County Office**

CHA Client ID#: **13632**

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