

## Client Intake Form

**AGENCY NAME:**

**PROJECT NAME:**

**TYPE OF PROGRAM:**

**ADDRESS:**

(check one)

☐ Out-of-School

☐ PI

☐ CHA

**Participant Last Name** **First Name** **MI**

**TELEPHONE NUMBER:** (  )

**Number**

**Direction**

**Street Name**

**Apt. No.**

Chicago, IL 606

☐ Homeless Youth

<b>ETHNICITY:</b> (check one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<b>GENDER:</b> (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>AGE:</b> <input type="text"/>	<b>BIRTHDATE:</b> <input type="text"/>
<b>RACE:</b> (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		<b>CURRENT GRADE (if in school) or HIGHEST LEVEL OF EDUCATION COMPLETED:</b> <input type="text"/>	
		<b>SCHOOL:</b> <input type="text"/>	
		<b>DISABLED:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify <input type="text"/>	
		<b>Community Area:</b> <input type="text"/>	
		<b>Ward:</b> <input type="text"/>	

HEAD OF HOUSEHOLD INFORMATION			
<b>FAMILY TYPE:</b> (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	<b>HOUSING STATUS:</b> (check one) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless/Shelter <input type="checkbox"/> In Temporary Housing	<b>FOOD STAMPS:</b> (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No <b>FREE/REDUCED LUNCH:</b> (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No <b>HEALTH INSURANCE:</b> (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>INCOME SOURCE (check all that apply)</b> <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
<b>SOURCE OF REFERRAL</b> (Location that sent you) <input type="text"/>		<b>CHA Client ID#:</b> <input type="text"/>	

Signature of Applicant (Date): \_\_\_\_\_

Intake Worker's Signature (Date): \_\_\_\_\_