

Client Intake Form

AGENCY NAME: <input style="width: 100%;" type="text"/> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> </div>	PROJECT NAME: <input style="width: 100%;" type="text"/> ADDRESS: <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Number Direction Street Name Apt. No. </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Chicago, IL 606 <input style="width: 15%;" type="text"/> <input type="checkbox"/> Homeless Youth </div>	TYPE OF PROGRAM: (check one) <input type="checkbox"/> Out-of-School <input type="checkbox"/> PI <input type="checkbox"/> CHA
Participant Last Name <input style="width: 20%;" type="text"/> First Name <input style="width: 20%;" type="text"/> MI <input style="width: 10%;" type="text"/> TELEPHONE NUMBER: (<input style="width: 10%;" type="text"/>) <input style="width: 20%;" type="text"/>		

ETHNICITY: (check one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	GENDER: (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female	AGE: <input style="width: 40px;" type="text"/>	BIRTHDATE: <input style="width: 100px;" type="text"/>
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		CURRENT GRADE (if in school) or HIGHEST LEVEL OF EDUCATION COMPLETED: <input style="width: 100px;" type="text"/> SCHOOL: <input style="width: 150px;" type="text"/> DISABLED: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify <input style="width: 150px;" type="text"/> Community Area: <input style="width: 150px;" type="text"/> Ward: <input style="width: 100px;" type="text"/>	

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) <input style="width: 150px;" type="text"/>		CHA Client ID#: <input style="width: 150px;" type="text"/>	

Signature of Applicant (Date): _____

Intake Worker's Signature (Date): _____