

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

ETHNICITY: (check one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	GENDER: (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female	AGE:	BIRTHDATE:
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:	
		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) <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)		CHA Client ID#:	

Signature of Applicant (Date):

Intake Worker's Signature (Date):