



# Client Intake Form

FOR DELEGATE AGENCY USE ONLY:

Carryover/Year: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

TYPE OF PROGRAM:

(check one)

☐ Out-of-School  
Mentoring

☐ Counseling

☐ Homeless Youth

☐ YCDC

Participant Last Name First Name MI

TELEPHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Number

Direction

Street Name

Apt. No.

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: Yes 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)

☐ Rent

☐ Own

☐ Homeless/Shelter

☐ In Temporary Housing

FOOD STAMPS: (check one)

☐ Yes

☐ No

FREE/REDUCED LUNCH: (check one)

☐ Yes

☐ No

HEALTH INSURANCE: (check one)

☐ Yes

☐ No

INCOME SOURCE (check all that apply)

☐ Employment

☐ Pension

☐ TANF

☐ Earnfare

☐ Social Security

☐ Unemployment Insurance

☐ Other (Including SSDI, Child Support and VA

Benefits)

☐ 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 determine income level  
All attendee program records will be managed by the Cityspan system.

LEVEL OF FAMILY INCOME:\*

CURRENT FAMILY SIZE	CURRENT INCOME

In the left column, **FAMILY SIZE**, determine the number of persons in your family and circle that number. To the right of that number, find the dollar amount of your family's **TOTAL** monthly income and again, circle that number.

FAMILY SIZE	EXTREMELY LOW INCOME (MONTHLY)	LOW INCOME (MONTHLY)	MODERATE INCOME (MONTHLY)	OTHER (MONTHLY)
1	\$0 - \$1,321	\$1,322 - \$2,200	\$2,201 - \$3,475	\$3,476+
2	\$0 - \$1,508	\$1,509 - \$2,513	\$2,514 - \$3,975	\$3,976+
3	\$0 - \$1,696	\$1,697 - \$2,829	\$2,830 - \$4,470	\$4,471+
4	\$0 - \$1,883	\$1,884 - \$3,142	\$3,143 - \$4,967	\$4,968+
5	\$0 - \$2,038	\$2,039 - \$3,392	\$3,393 - \$5,363	\$5,364+
6	\$0 - \$2,188	\$2,189 - \$3,646	\$3,647 - \$5,763	\$5,764+
7	\$0 - \$2,338	\$2,339 - \$3,896	\$3,897 - \$6,158	\$6,159+
8	\$0 - \$2,488	\$2,489 - \$4,146	\$4,147 - \$6,554	\$6,555+
Each additional person	\$150	\$250	\$383	

Source: City of Chicago – Office of Budget & Management Memorandum 3/9/2006 Low/Moderate Income Limits