



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

ADDRESS: _____
Number Direction Street Name Apt. No.

TELEPHONE NUMBER: _____

Chicago, IL _____ ☐ 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"/> American Indian/Alaskan Native & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> Indian/Alaskan Native & Black/African American <input type="checkbox"/> Other Multi-Racial		CURRENT GRADE (if in school) or HIGHEST LEVEL OF EDUCATION COMPLETED: DISABLED : <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify	

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)			

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