

Client Intake Form

AGENCY NAME: _____ **PROJECT NAME:** _____ **TYPE OF PROGRAM:** _____
 (check one)
☐ Out-of-School
☐ PI
☐ CHA

ADDRESS: 123 South Main St. Apt 203

 Number Direction Street Name Apt. No.

TELEPHONE NUMBER: (555) 555-5555 **Chicago, IL 606** ☐ Homeless Youth

ETHNICITY: (check one) <input type="checkbox"/> Hispanic <input checked="" type="radio"/> Non-Hispanic	GENDER: (check one) <input type="checkbox"/> Male <input checked="" type="radio"/> Female	AGE: 13	BIRTHDATE: 04/07/2005
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 checked="" type="radio"/> White <input type="checkbox"/> Other Multi racial		CURRENT GRADE (if in school) or HIGHEST LEVEL OF EDUCATION COMPLETED: 8th_____ SCHOOL: Chicago Public School DISABLED: <input type="checkbox"/> Yes <input checked="" type="radio"/> No If yes, please specify Community Area: 3 Ward: 4	

HEAD OF HOUSEHOLD INFORMATION			
FAMILY TYPE: (check one) <input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Single Parent/Male <input checked="" type="radio"/> 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 checked="" type="radio"/> Own <input type="checkbox"/> Homeless/Shelter <input type="checkbox"/> In Temporary Housing	FOOD STAMPS: (check one) <input type="checkbox"/> Yes <input checked="" type="radio"/> No FREE/REDUCED LUNCH: (check one) <input type="checkbox"/> Yes <input checked="" type="radio"/> No HEALTH INSURANCE: (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	INCOME SOURCE (check all that apply) <input checked="" type="radio"/> 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) Friend		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