#### **Client Intake Form**

\*all answers need to default to the question

### Demographic and Background

- Clients number of children and their ages
- Remove disability and SSI from employment status

# Physical Needs/Living Situation

- Separate WIC/SNAP to separate boxes

### Medical/Physical Treatment

Under prescription compliance - add N/A

#### Child Welfare

- Are clients children currently in a court ordered placement

# **Advocate Application**

# Schedule & Availability

- Availability spelling
- Afternoon spelling

# Personal Testimony

- ĒMA needs the bar over Ē

#### **Advocate Interest Form**

- Call scheduling feature missing, I believe you're working on this!

#### **Personal Referral Form**

- Change form name to "Self Referral Form"
- Add question "Are you currently working with another local agency? If yes, please list the name of the agency."

# Known DCF Involvement

- (Mother under investigation) Open Investigation My children are at-risk of being removed from my care
- (No support in place) No Social Support in Place