

# HUMAN SERVICES' CLIENT INTAKE FORM



<u>DATE OF CONSULTATION</u>	<u>ATTENDING STAFF MEMBER</u>	<u>PREVIOUS CLIENT? (Y/N)</u>	<u>CHARITY TRACKER #</u>

## CLIENT INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME/INITIAL	
PREFERRED NAME		U.S. CITIZENSHIP STATUS		COUNTRY OF CITIZENSHIP (IF NOT U.S.)	
GENDER		PRONOUNS		DRIVER'S LICENSE NUMBER	
DATE OF BIRTH		HEAD OF HOUSEHOLD? (Y/N)		SOCIAL SECURITY NUMBER	
CURRENT ADDRESS					
HOW LONG AT ADDRESS?		PREVIOUS ADDRESS (if <1 year at current)			
HOME PHONE		CELL PHONE		WORK PHONE	
EMAIL ADDRESS			CONSENT TO CONTACT (LIST EACH)		
<u>RACE</u>	WHITE _____	BLACK _____	ASIAN _____	NATIVE AMERICAN _____	OTHER _____
<u>HISPANIC?</u>	YES _____	NO _____			
MARITAL STATUS	SINGLE _____	MARRIED _____	DIVORCED _____	WIDOWED _____	OTHER _____
SPOUSE'S NAME			SPOUSE'S DATE OF BIRTH		
SPOUSE'S ADDRESS (if different from yours)			SPOUSE'S EMPLOYER		
HOUSEHOLD MEMBER 1		DATE OF BIRTH		RELATIONSHIP TO CLIENT	
HOUSEHOLD MEMBER 2		DATE OF BIRTH		RELATIONSHIP TO CLIENT	
HOUSEHOLD MEMBER 3		DATE OF BIRTH		RELATIONSHIP TO CLIENT	
HOUSEHOLD MEMBER 4		DATE OF BIRTH		RELATIONSHIP TO CLIENT	
HOUSEHOLD MEMBER 5		DATE OF BIRTH		RELATIONSHIP TO CLIENT	
HOUSEHOLD MEMBER 6		DATE OF BIRTH		RELATIONSHIP TO CLIENT	
LANDLORD NAME			LANDLORD CONTACT INFO		
AMOUNT OF RENT/MORTGAGE OWED			MONTHLY RENT/MORTGAGE RATE		
EVICITION NOTICE RECEIVED?			EVICITION DATE		
RENTER'S INSURANCE? (Y/N)			CONDEMNATION DATE		
ACTIVE DCF INVOLVEMENT?			DCF CASE MANAGER		

## CLIENT NARRATIVE

DESCRIPTION OF ISSUES BEING FACED BY CLIENT - STATEMENT OF NEED - AND - STEPS TAKEN TO REMEDY

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## UTILITIES INFORMATION

AMOUNT OF UTILITIES OWED		AVERAGE MONTHLY UTILITY BILL	
SHUT-OFF NOTICE? (Y/N)			
PAYMENT ARRANGEMENTS?		HAVE YOU APPLIED FOR OTHER ENERGY ASSISTANCE?	
TYPE OF HEAT			

## MONTHLY INCOME

## MONTHLY EXPENSES

## AMOUNT BEHIND/OWED

CLIENT INCOME		RENT/MORTGAGE		RENT/MORTGAGE	
HOUSEHOLD INCOME 1		UTILITIES		UTILITIES	
HOUSEHOLD INCOME 2		FOOD (after SNAP)		FOOD (after SNAP)	
HOUSEHOLD INCOME 3		HOUSEHOLD SUPPLIES		HOUSEHOLD SUPPLIES	
UNEMPLOYMENT		PHONES		PHONES	
WORKERS' COMP		WiFi/CABLE		WiFi/CABLE	
SOCIAL SECURITY (SSA/SSI/SSDI)		CAR PAYMENT		CAR PAYMENT	
SAGA CASH		CAR INSURANCE		CAR INSURANCE	
STATE SUPPLEMENT		GAS/TRANSPORTATION		GAS/TRANSPORTATION	
CHILD SUPPORT		CHILD SUPPORT		CHILD SUPPORT	
TFA/TANF		CHILDCARE		CHILDCARE	
SNAP/FOOD STAMPS		CREDIT CARD(S)		CREDIT CARD(S)	
WIC		SUBSTANCES		SUBSTANCES	
VETERAN BENEFITS		ENTERTAINMENT		OTHER DEBT	
PENSION		GROOMING		OTHER DEBT	
OTHER		OTHER DEBT		OTHER DEBT	
TOTAL INCOME		TOTAL EXPENSES		TOTAL PAST DUE	
Tax Refunds/ Credits:		TOTAL AMOUNT LEFT (INCOME-EXPENSES)		TOTAL AMOUNT BEHIND (AMOUNT LEFT - PAST DUE)	

## CURRENT EMPLOYMENT INFORMATION

CURRENT EMPLOYER				JOB TITLE		
EMPLOYMENT ADDRESS				PAY RATE		
EDUCATION LEVEL	INCOMPLETE HS _____	HS/ GED _____	TRADE/VOC _____	COLLEGE _____	OTHER _____	
SCHOOL NAME(S)						
VETERAN?				ARREST RECORD?		
CHECK EACH TYPE OF ASSISTANCE REQUESTED	<input type="checkbox"/> GENERAL JOB SEARCH	<input type="checkbox"/> RESUME WRITING	<input type="checkbox"/> CAREER PLANNING	<input type="checkbox"/> INTERVIEWING SKILLS	<input type="checkbox"/> INDUSTRY CONNECTIONS	
	<input type="checkbox"/> TRAINING PROGRAMS	<input type="checkbox"/> TRANSPORTATION	<input type="checkbox"/> JOB-RELATED EXPENSES	<input type="checkbox"/> RE-ENTRY ASSISTANCE	OTHER _____	
PROVIDE DETAILS:						

## EMPLOYMENT HISTORY

<u>FORMER EMPLOYER 1</u>				JOB TITLE		
EMPLOYMENT DATES		REASON FOR LEAVING		PAY RATE		
<u>FORMER EMPLOYER 2</u>				JOB TITLE		
EMPLOYMENT DATES		REASON FOR LEAVING		PAY RATE		
<u>FORMER EMPLOYER 3</u>				JOB TITLE		
EMPLOYMENT DATES		REASON FOR LEAVING		PAY RATE		
<u>FORMER EMPLOYER 4</u>				JOB TITLE		
EMPLOYMENT DATES		REASON FOR LEAVING		PAY RATE		
AVAILABILITY	<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	<input type="checkbox"/> DAYS	<input type="checkbox"/> NIGHTS	<input type="checkbox"/> WEEKENDS	
BARRIERS TO WORK	<input type="checkbox"/> NEED A RESUME	<input type="checkbox"/> NEED TRANSPORT	<input type="checkbox"/> NEED PHONE	<input type="checkbox"/> NEED CHILDCARE	<input type="checkbox"/> IN CT HIRES?	
OTHER NOTES						

**MEDICAL INFORMATION**

LIST SERIOUS MEDICAL CONDITIONS IN THE HOUSEHOLD					
AREA OF PRIMARY MEDICAL CONCERN	SUBSTANCE USE DISORDER _____	GAMBLING _____	MENTAL HEALTH _____	CHRONIC _____	OTHER _____
LIST YOUR MEDICAL INSURANCE					
LIST CURRENT HEALTH SERVICES					
MEDICARE CLAIM #					
SUPPLEMENTAL #					
MSP TYPE + #					
PCP NAME & #					
EMERGENCY CONTACT NAME/RELATIONSHIP			EMERGENCY CONTACT NUMBER/EMAIL		

<p style="text-align: center;"><b>URGENCY OF THE MATTER</b> (Rate from 1-5, with 5 being critically important)</p>	
<p style="text-align: center; font-size: 1.2em;"><b>DO YOU HAVE ALL REQUIRED DOCUMENTS?</b></p>	<p>_____ Proof of <b>all household income</b> for the last 30 days, including state benefits, child support, retirement/pension, earnings, social security (SSA/SSDI/SSI), and unemployment claim summaries.</p> <p>_____ Photo ID for all adults over 18</p> <p>_____ Social Security Cards for all members of the House</p> <p>_____ Proof you are a USA legal resident <i>(birth cert., permanent resident card, passport, naturalization cert.)</i></p> <p>_____ Proof of Norwich residency <i>(rental lease, rent receipts, copy of mortgage bill, landlord's letter)</i></p> <p>_____ 12 months payment history (for the assistance being requested)</p> <p>_____ Rent ledger (if requesting rental assistance)</p> <p>_____ Proof of financial hardship <i>(example: termination letter, car repair bill, etc.)</i></p> <p>_____ 1040 tax return (if applicable)</p> <p>_____ Current NPU Bill (if applicable)</p> <p>_____ Payment agreements (if applicable)</p> <p>_____ Shut off notice (if applicable)</p>
<p>ARE YOU CURRENTLY REPRESENTED BY AN ATTORNEY?</p>	

**ADDITIONAL NOTES**