INTAKE SHEET-fill out both sides

THE SALVATION ARMY KROC CENTER
FAMILY RESOURCE CENTER

Date:	Cell Phone #: ☐ ok to leave message
Legal Last Name:	Home Phone #: ☐ ok to leave message
Legal First Name: MI:	E-Mail:
Street Address:	Place of Birth:
City: Zip Code:	Date Came to the U.S.A.:
Primary Language:	Emergency Contact Name:
Other Language(s):	Relationship of Emergency Contact:
Number of people living in home:_____	Emergency Contact #: ☐ ok to leave message

Relationship Status:	**Family Type:**	**Housing Status:**	**Military History:**
☐ Single	☐ Single Parent	☐ Rent	☐ Active
☐ Married	☐ Two-Parent Household	☐ Own	☐ Active Duty
☐ Widowed	☐ Single Person	☐ Homeless	☐ Veteran
☐ Divorced	☐ Two-Adults/No Children	☐ Temporary	☐ Dependent
☐ Domestic Partnership	☐ Multi-Family House	☐ Shelter:_____	☐ Branch:_____
☐ Separated	☐ Other:_____		☐ None

Total *Household GROSS Income per month for ALL PERSONS living in the home (Including NON-Family Members):	Total Monthly Expenses:
☐ TANF/Calworks: $_____	☐ Rent: $_____
☐ Other Public Source: $_____	☐ Car Payment/Insurance: $_____
☐ SSI/SSA: $_____	☐ Utilities (Water/SDGE): $_____
☐ SSDI/SSD: $_____	☐ Groceries: $_____
☐ Unemployment: $_____	☐ Telephone: $_____
☐ Employment: $_____	☐ Childcare: $_____
☐ Child Support/Alimony: $_____	☐ Student Loan: $_____
☐ Food Stamps(CalFresh): $_____	☐ Credit Card: $_____
☐ Disability: $_____	☐ Other (Please Specify): $_____
☐ Other (Please Specify): $_____	
TOTAL MONTHLY INCOME: $_____	TOTAL MONTHLY EXPENSES: $_____

What services or items would benefit you the most, given your current situation?

☐ Scholarships	☐ Christmas Assistance	☐ Women's Support Programs
☐ SDGE Assistance	☐ Resource & Referral	☐ Housing Information
☐ Food Assistance (1x/month)	☐ Childcare Referral	☐ Financial Literacy Classes
☐ Clothing Voucher(limited)	☐ Transportation (limited)	☐ Baby Necessities
☐ Hygiene Items	☐ Domestic Violence Info	☐ Parenting Classes
☐ California ID	☐ Drug & Alcohol Recovery Programs	☐ ESL Classes
☐ Prayer Request		☐ Resume Review
☐ Kroc Church	☐ Feminine Hygiene Products	☐ Adult Diapers

I acknowledge receipt of the Notice of Privacy Rights, which I have reviewed and give my permission to The Salvation Army Ray and Joan Kroc Corps Community Center Family Resource Center to use and disclose my health information in accordance with it.

Client Signature: _____ Signature of Client's Representative_____

Client Name (Print):_____ Relationship of Representative to Client_____

Date:_____ Date:_____

** A HOUSEHOLD is defined as ALL individuals residing within the home, including non-family members.*

-PLEASE FILL OUT OTHER SIDE-

Please complete for **ALL** persons living in the **household*. Include roommates, landlords, and/or non-family members.

Name:	Relation-ship to you:	Sex	Birth Date	Health Insurance	Education Level	Ethnicity	Disability
Last: First: MI:	Self	M/F	M/D/Y __/__/___	☐Medi-Cal ☐Healthy Families ☐Private ☐Other	☐High School Diploma ☐G.E.D. ☐Associate Degree ☐Some College ☐College Graduate ☐Trade/Technical School ☐Post Graduate ☐Not Applicable	☐Asian/Pacific Islander ☐Hispanic/Latino ☐African American/Black ☐Multi-Racial ☐Native American ☐White(Non-Hispanic) ☐Other:________	Y/N Describe:
Last: First: MI:		M/F	M/D/Y __/__/___	☐Medi-Cal ☐Healthy Families ☐Private ☐Other	☐High School Diploma ☐G.E.D. ☐Associate Degree ☐Some College ☐College Graduate ☐Trade/Technical School ☐Post Graduate ☐Not Applicable	☐Asian/Pacific Islander ☐Hispanic/Latino ☐African American/Black ☐Multi-Racial ☐Native American ☐White(Non-Hispanic) ☐Other:________	Y/N Describe:
Last: First: MI:		M/F	M/D/Y __/__/___	☐Medi-Cal ☐Healthy Families ☐Private ☐Other	☐High School Diploma ☐G.E.D. ☐Associate Degree ☐Some College ☐College Graduate ☐Trade/Technical School ☐Post Graduate ☐Not Applicable	☐Asian/Pacific Islander ☐Hispanic/Latino ☐African American/Black ☐Multi-Racial ☐Native American ☐White(Non-Hispanic) ☐Other:________	Y/N Describe:
Last: First: MI:		M/F	M/D/Y __/__/___	☐Medi-Cal ☐Healthy Families ☐Private ☐Other	☐High School Diploma ☐G.E.D. ☐Associate Degree ☐Some College ☐College Graduate ☐Trade/Technical School ☐Post Graduate ☐Not Applicable	☐Asian/Pacific Islander ☐Hispanic/Latino ☐African American/Black ☐Multi-Racial ☐Native American ☐White(Non-Hispanic) ☐Other:________	Y/N Describe:
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