

INTAKE SHEET-fill out both sides



Date: _____		Cell Phone #: _____ <input type="checkbox"/> ok to leave message	
Legal Last Name: _____		Home Phone #: _____ <input type="checkbox"/> 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 #: _____ <input type="checkbox"/> ok to leave message	
Relationship Status:		Family Type:	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Separated		<input type="checkbox"/> Single Parent <input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Single Person <input type="checkbox"/> Two-Adults/No Children <input type="checkbox"/> Multi-Family House <input type="checkbox"/> Other: _____	
Housing Status:		Military History:	
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless <input type="checkbox"/> Temporary <input type="checkbox"/> Shelter: _____		<input type="checkbox"/> Active <input type="checkbox"/> Active Duty <input type="checkbox"/> Veteran <input type="checkbox"/> Dependent <input type="checkbox"/> Branch: _____ <input type="checkbox"/> None	
Total *Household GROSS Income per month for ALL PERSONS living in the home (Including NON-Family Members): <input type="checkbox"/> TANF/Calworks: \$ _____ <input type="checkbox"/> Other Public Source: \$ _____ <input type="checkbox"/> SSI/SSA: \$ _____ <input type="checkbox"/> SSDI/SSD: \$ _____ <input type="checkbox"/> Unemployment: \$ _____ <input type="checkbox"/> Employment: \$ _____ <input type="checkbox"/> Child Support/Alimony: \$ _____ <input type="checkbox"/> Food Stamps(Cal Fresh): \$ _____ <input type="checkbox"/> Disability: \$ _____ <input type="checkbox"/> Other (Please Specify): \$ _____ TOTAL MONTHLY INCOME: \$ _____		Total Monthly Expenses: <input type="checkbox"/> Rent: \$ _____ <input type="checkbox"/> Car Payment/Insurance: \$ _____ <input type="checkbox"/> Utilities (Water/SDGE): \$ _____ <input type="checkbox"/> Groceries: \$ _____ <input type="checkbox"/> Telephone: \$ _____ <input type="checkbox"/> Childcare: \$ _____ <input type="checkbox"/> Student Loan: \$ _____ <input type="checkbox"/> Credit Card: \$ _____ <input type="checkbox"/> Other (Please Specify): \$ _____ TOTAL MONTHLY EXPENSES: \$ _____	
What services or items would benefit you the most, given your current situation?			
<input type="checkbox"/> Scholarships <input type="checkbox"/> SDGE Assistance <input type="checkbox"/> Food Assistance (1x/month) <input type="checkbox"/> Clothing Voucher(limited) <input type="checkbox"/> Hygiene Items <input type="checkbox"/> California ID <input type="checkbox"/> Prayer Request <input type="checkbox"/> Kroc Church			
<input type="checkbox"/> Christmas Assistance <input type="checkbox"/> Resource & Referral <input type="checkbox"/> Childcare Referral <input type="checkbox"/> Domestic Violence Info <input type="checkbox"/> Drug & Alcohol Recovery Programs <input type="checkbox"/> Feminine Hygiene Products <input type="checkbox"/> Children's Pajamas (1x/yr.)			
<input type="checkbox"/> Women's Ministry <input type="checkbox"/> Housing Information <input type="checkbox"/> Baby Diapers <input type="checkbox"/> Parenting Classes <input type="checkbox"/> ESL Classes <input type="checkbox"/> Adult Diapers <input type="checkbox"/> Formula <input type="checkbox"/> Homeless snack kit (1 x only)			

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:	Relationship to you:	Sex	Birth Date	Health Insurance	Education Level	Ethnicity	Disability
Last:	Self	M/F	M/D/Y _/_/___	<input type="checkbox"/> Medi-Cal <input type="checkbox"/> Healthy Families <input type="checkbox"/> Private <input type="checkbox"/> Other	<input type="checkbox"/> High School Diploma <input type="checkbox"/> G.E.D. <input type="checkbox"/> Associate Degree <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Trade/Technical School <input type="checkbox"/> Post Graduate <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> African <input type="checkbox"/> American/Black <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native American <input type="checkbox"/> White(Non-Hispanic) <input type="checkbox"/> Other:	Y/N Describe:
First:				M/F	M/D/Y _/_/___	<input type="checkbox"/> Medi-Cal <input type="checkbox"/> Healthy Families <input type="checkbox"/> Private <input type="checkbox"/> Other	<input type="checkbox"/> High School Diploma <input type="checkbox"/> G.E.D. <input type="checkbox"/> Associate Degree <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Trade/Technical School <input type="checkbox"/> Post Graduate <input type="checkbox"/> Not Applicable
Last:			M/D/Y _/_/___	<input type="checkbox"/> Medi-Cal <input type="checkbox"/> Healthy Families <input type="checkbox"/> Private <input type="checkbox"/> Other	<input type="checkbox"/> High School Diploma <input type="checkbox"/> G.E.D. <input type="checkbox"/> Associate Degree <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Trade/Technical School <input type="checkbox"/> Post Graduate <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> African <input type="checkbox"/> American/Black <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native American <input type="checkbox"/> White(Non-Hispanic) <input type="checkbox"/> Other:	Y/N Describe:
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