

Client Intake

PERSONAL INFORMATION – HEAD OF HOUSEHOLD

Last Name	First name	Date of Birth	Age	Social Security	Gender M/F/T/O	Veteran Y/N	Race
1							

Ethnicity: Alaska Native/Aleut/Eskimo American Indian/Native American Asian Black/African Hispanic/Latino
 Middle-Eastern/North African Pacific Islander White/Anglo Undisclosed - or Other

Primary Language:

MARITAL STATUS

<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Common Law
<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Undisclosed	<input type="checkbox"/> Other:

HOUSING ADDRESS

Street Address 1:	Street Address Line 2:
City (Please select one)	<input type="checkbox"/> Littleton <input type="checkbox"/> Centennial
<input type="checkbox"/> Englewood	<input type="checkbox"/> Glendale <input type="checkbox"/> Highlands Ranch
<input type="checkbox"/> Unincorporated Arapahoe	<input type="checkbox"/> Lone Tree <input type="checkbox"/> Sheridan
<input type="checkbox"/> Other: State:	Zip Code: How long you have resided at this location:

HOUSING TYPE

<input type="checkbox"/> Own Home	<input type="checkbox"/> Private Rental	<input type="checkbox"/> Section 8	<input type="checkbox"/> Evacuee
<input type="checkbox"/> With family/friends	<input type="checkbox"/> Youth home/shelter	<input type="checkbox"/> Emergency Shelter/ Mission/Transitional	<input type="checkbox"/> Unhoused
<input type="checkbox"/> Undisclosed	<input type="checkbox"/> Other:		

CONTACT INFORMATION

Phone Number:	Alt:	Email Address:	Alt:
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SELF-IDENTIFICATION

<input type="checkbox"/> Disability	<input type="checkbox"/> New immigrant	<input type="checkbox"/> Veteran	<input type="checkbox"/> Refugee
<input type="checkbox"/> Mental illness	<input type="checkbox"/> Pregnant	<input type="checkbox"/> Postpartum	<input type="checkbox"/> Breastfeeding
<input type="checkbox"/> Undisclosed	<input type="checkbox"/> Evacuee	<input type="checkbox"/> N/A	<input type="checkbox"/> Other:

ADDITIONAL HOUSEHOLD MEMBERS

Last Name	First name	Date of Birth	Age	Gender M/F/T/O	Relationship	Social Security	Veteran Y/N	Race	Ethnicity
2									
3									
4									

HOUSEHOLD MEMBER SELF-IDENTIFICATION (write each individuals initials next to applicable self-identifying choice)

Refugee: _____	New immigrant: _____	Veteran: _____	Other: _____
Mental illness: _____	Pregnant: _____	Postpartum: _____	Breastfeeding: _____
Undisclosed: _____	Evacuee: _____	Disability: _____	

PROFILE - EDUCATION LEVEL (write each individuals initials next to applicable self-identifying choice)

Grades 0-11: _____	High School Diploma: _____	GED: _____	Trade school: _____	2 Year Associates Degree: _____
4 Year Bachelor's Degree: _____	Master's Degree: _____	PHD: _____	Undisclosed: _____	Other: _____

Country of Education:

MONTHLY INCOME AND EXPENSES

<input type="checkbox"/> Unemployed	How Long:		<input type="checkbox"/> Child Support	Monthly amount	\$
<input type="checkbox"/> Full-time/ Part-time Employed	Monthly amount	\$	<input type="checkbox"/> Unemployment / Worker's Compensation	Monthly amount	\$
<input type="checkbox"/> WIC	Monthly amount	\$	<input type="checkbox"/> Old Age Pension	Monthly amount	\$
<input type="checkbox"/> Food Stamps	Monthly amount	\$	<input type="checkbox"/> TANF	Monthly amount	\$
<input type="checkbox"/> SSI / SSDI	Monthly amount	\$	<input type="checkbox"/> Retired	Monthly amount	\$
<input type="checkbox"/> Other Source:	Monthly amount	\$	<input type="checkbox"/> AND	Monthly amount	\$

SERVICES RECEIVED

<input type="checkbox"/> Section 8 Rental Assistance Program	<input type="checkbox"/> Aid to Needy Disabled (AND)	<input type="checkbox"/> Aid to the Blind or Disabled	<input type="checkbox"/> Children's Health Insurance Program	<input type="checkbox"/> Emergency Outreach Colorado (EOC)
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Temporary Assistance to Needy Families (TANF)	<input type="checkbox"/> Commodity Supplemental Food Program (CSFP)	<input type="checkbox"/> Supplemental Assistance for Women, Infants, and Children (WIC)
<input type="checkbox"/> Headstart	<input type="checkbox"/> School Meals	<input type="checkbox"/> Vets Aid	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Old Age Pension
<input type="checkbox"/> Low-Income Energy Assistance Program (LHEAP)			<input type="checkbox"/> Other:	

HOUSEHOLD EXPENSES

<input type="checkbox"/> Childcare	Monthly amount	\$	<input type="checkbox"/> Child Support	Monthly amount	\$
<input type="checkbox"/> Mortgage	Monthly amount	\$	<input type="checkbox"/> Rent	Monthly amount	\$
<input type="checkbox"/> School Expenses	Monthly amount	\$	<input type="checkbox"/> Transit	Monthly amount	\$
<input type="checkbox"/> Utilities	Monthly amount	\$	<input type="checkbox"/> Vehicle	Monthly amount	\$
<input type="checkbox"/> Medical	Monthly amount	\$	<input type="checkbox"/> Other Source:	Monthly amount	\$
TOTAL MONTHLY HOUSEHOLD EXPENSES:		\$			

ADDITIONAL HOUSEHOLD SOURCE OF INCOME

Second Source of Income			Third Source of Income		
<input type="checkbox"/> Unemployed	Monthly amount	\$	<input type="checkbox"/> Unemployed	Monthly amount	\$
<input type="checkbox"/> Employed	Monthly amount	\$	<input type="checkbox"/> Employed	Monthly amount	\$
<input type="checkbox"/> Other:	Monthly amount	\$	<input type="checkbox"/> Other:	Monthly amount	\$
TOTAL HOUSEHOLD AND ADDITIONAL HOUSEHOLD INCOME:		\$			

DIETARY CONSIDERATIONS

<input type="checkbox"/> Diabetic	<input type="checkbox"/> Egg	<input type="checkbox"/> Fruit	<input type="checkbox"/> Gluten
<input type="checkbox"/> Milk	<input type="checkbox"/> MSG	<input type="checkbox"/> Peanut	<input type="checkbox"/> Pork
<input type="checkbox"/> Seafood	<input type="checkbox"/> Sesame	<input type="checkbox"/> Soy	<input type="checkbox"/> Sulphite
<input type="checkbox"/> Tree Nuts	<input type="checkbox"/> Vegan	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Wheat
<input type="checkbox"/> N/A	<input type="checkbox"/> Other:		

SIGNATURE

With my signature, I certify and affirm all of the information enclosed in this application and understand all requirements for IFCS services as explained to me by the Case Manager. Integrated Family Community Services is an equal-opportunity provider. I understand that IFCS has a Redress and Grievance Policy which I may review and request a copy. IFCS' Supportive Housing Program operates in accordance with the Federal Fair Housing and Equal Opportunity law.

I have read the attached USDA Statement of Non-Discrimination.

Signature _____ Date _____

Additional Household Members Document

ADDITIONAL HOUSEHOLD MEMBERS									
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<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Temporary Assistance to Needy Families (TANF)	<input type="checkbox"/> Commodity Supplemental Food Program (CSFP)	<input type="checkbox"/> Supplemental Assistance for Women, Infants, and Children (WIC)
<input type="checkbox"/> Headstart	<input type="checkbox"/> School Meals	<input type="checkbox"/> Vets Aid	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Old Age Pension
<input type="checkbox"/> Low-Income Energy Assistance Program (LHEAP)			<input type="checkbox"/> Other:	

ADDITIONAL HOUSEHOLD SOURCE OF INCOME					
Additional Source of Income			Additional Source of Income		
<input type="checkbox"/> Unemployed	Monthly amount	\$	<input type="checkbox"/> Unemployed	Monthly amount	\$
<input type="checkbox"/> Employed	Monthly amount	\$	<input type="checkbox"/> Employed	Monthly amount	\$
<input type="checkbox"/> Other:	Monthly amount	\$	<input type="checkbox"/> Other:	Monthly amount	\$
TOTAL HOUSEHOLD AND ADDITIONAL HOUSEHOLD INCOME:		\$			

DIETARY CONSIDERATIONS			
<input type="checkbox"/> Diabetic	<input type="checkbox"/> Egg	<input type="checkbox"/> Fruit	<input type="checkbox"/> Gluten
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Date