



# CLIENT INTAKE FORM

Updated 8/25/2020 MM

Date \_\_\_\_\_  
 Township \_\_\_\_\_  
 County \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Number of Persons in Household \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_ Homeless \_\_\_\_\_ Other \_\_\_\_\_

Name & DOB's of persons in household \_\_\_\_\_

Income Sources <small>(Employment/Unemployment, TANF, WIC, Child Support, VA, Disability, Pension, etc)</small>	Monthly	Expenses	Monthly
	\$	Housing (Rent/Mortgage)	\$
	\$	Utilities (Gas/Elec/Phone)	\$
	\$	Other	\$
<b>TOTAL</b>	\$	<b>TOTAL</b>	\$

What assistance or services are you seeking? (check all that apply) \_\_\_\_\_ Case Management & Counseling Services  
 \_\_\_\_\_ Food \_\_\_\_\_ Clothing \_\_\_\_\_ Medication (copy of script) \_\_\_\_\_ Vaccines for children \_\_\_\_\_ Gas (copy of reason)  
 \_\_\_\_\_ Rent/Mortgage (copy of agreement) \_\_\_\_\_ Utility (copy of bill) \_\_\_\_\_ Finding employment \_\_\_\_\_ Financial Education

COVID Related? \_\_\_\_\_

Please explain the reasoning/amount needing: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you asked your local township trustee? Y N Result? \_\_\_\_\_

Where else have you asked for help & result? \_\_\_\_\_

Who do we make the check out to? Name \_\_\_\_\_

\_\_\_\_\_ Pick up (when)? \_\_\_\_\_ Address or Phone to pay bill? \_\_\_\_\_

By signing below, I confirm that the information given in this form is true, complete, and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE ONLY**

Received a Copy of DL/ID \_\_\_\_\_ Documentation \_\_\_\_\_ Check # \_\_\_\_\_ Called \_\_\_\_\_  
 Result \_\_\_\_\_ Grant Funding Source: \_\_\_\_\_ Entered (Initials) \_\_\_\_\_