

CLIENT INTAKE FORM



Partner/Spouse: _____

Birthdate: _____

Today's Date: _____

Please fill out completely.

Name: _____ Age: _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> B <input type="checkbox"/> W <input type="checkbox"/> H <input type="checkbox"/> other	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
Married: <input type="checkbox"/> Yes <input type="checkbox"/> No	Veterans: <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer: _____
Current Housing Status: <input type="checkbox"/> Permanent (# years/months _____) <input type="checkbox"/> Temporary <input type="checkbox"/> Shelter <input type="checkbox"/> Homeless		
Household Members: # Adults _____ # Children _____ Ages: _____, _____, _____, _____, _____		
Are you or family member Medicaid recipient? <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Children Other Ins? _____		
How would you rate your health? <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
What is your current greatest concern about your health? _____		
Would you like to meet our healthcare navigator today or have her give you a follow-up call? <input type="checkbox"/> Yes <input type="checkbox"/> No		

How did you hear about the Help Hub? _____

Have you received financial assistance from the Help Hub in the last 12 months? Yes / No

Are you involved with another Harrelson Center Partner? Y / N Partner: _____

Emergency Assistance Requested: _____

Reason for Emergency: _____

Did you: Lose income due to COVID-19? Y/ N Date: _____ Receive Unemployment? Y/ N/ P \$ _____

Employer: _____ Receive Stimulus Payment? Y/ N/ P \$ _____

MONTHLY HOUSEHOLD INCOME		
	Last Month	Current Month
Employment		
Unemployment Comp.		
SSD – Soc. Sec. Disability		
SSI – Soc Sec Income		
Child Support		
School Loans		
Food Stamps		
Work First		
Medicare/Medicaid		
Utility Check		
Housing Subsidy		
Govt Stimulus Pymnt		
Totals		

MONTHLY HOUSEHOLD EXPENSES			
	MONTHLY expense	Current Month	
		Owe	Paid
Rent/Mortgage LL: _____			
Electricity Acct # _____			
Water Acct #: _____			
Oil/Gas Acct # _____			
Food			
Medical			
Childcare/Childsupport			
Phone/Cable			
Car Payment			
Transportation (gas)			
Insurance			
Credit Cards			
Totals			

I authorize the Harrelson Center to share my information in order to seek assistance on my behalf and to use my name and/or photo for use in promotional material. I understand this does not guarantee funding.

Signature: _____ Date: _____

BE SURE TO SAVE TO YOUR DESKTOP. THEN ATTACH AND EMAIL TO: HELPHUBDIRECTOR@GMAIL.COM