

Community Center of Hope Client Intake Form

| | | | |
|---|--|-----------------------|--|
| Primary Contact Name (Last, First) | | Phone: | |
| Address: | | Email: | |
| City / Zip Code: | | Notes: | |
| Income (Check if verified) <input type="checkbox"/>: | | | |
| Pay frequency (Please circle) | Weekly Bi-Weekly Bi-Monthly Monthly | | |
| Date Completed/Updated: | | Signature/Date | |

| Add'l Household Members | Last Name | First Name | Gender | DOB* | Ethnicity (Please circle) |
|-------------------------|---|---|--------|------|--|
| 1 | <i>(Same as primary contact above.)</i> | <i>(Same as primary contact above.)</i> | | | (White, Black/African Am, Am Indian, Asian, Hawaiian, Hispanic, Two or more, Other or unknown) |
| 2 | | | | | (White, Black/African Am, Am Indian, Asian, Hawaiian, Hispanic, Two or more, Other or unknown) |
| 3 | | | | | (White, Black/African Am, Am Indian, Asian, Hawaiian, Hispanic, Two or more, Other or unknown) |
| 4 | | | | | (White, Black/African Am, Am Indian, Asian, Hawaiian, Hispanic, Two or more, Other or unknown) |
| 5 | | | | | (White, Black/African Am, Am Indian, Asian, Hawaiian, Hispanic, Two or more, Other or unknown) |
| 6 | | | | | (White, Black/African Am, Am Indian, Asian, Hawaiian, Hispanic, Two or more, Other or unknown) |
| 7 | | | | | (White, Black/African Am, Am Indian, Asian, Hawaiian, Hispanic, Two or more, Other or unknown) |
| 8 | | | | | (White, Black/African Am, Am Indian, Asian, Hawaiian, Hispanic, Two or more, Other or unknown) |
| 9 | | | | | (White, Black/African Am, Am Indian, Asian, Hawaiian, Hispanic, Two or more, Other or unknown) |

*Can use age as a placeholder if DOB is unknown