



Agency Intake Form

OFFICE: _____

Date: _____

Have you used Catholic Charities before? YES / NO

If YES, list past service(s) received: _____ When: _____

First Name: _____ Middle: _____ Last: _____

Gender: Female / Male Date of Birth: _____ Marital Status: _____

Ethnic/Racial Background (circle): Native American African American Hispanic/Latino Asian/Pacific
Biracial/Multiracial White Unknown Other: _____

Address: _____ Check Here if None:

City: _____ State: _____ Zip: _____ COUNTY: _____

Home #: _____ Work #: _____ Cell #: _____

Email: _____ May We Leave Messages: YES / NO

Do you need an interpreter? YES / NO Primary Language Spoken: _____

TOTAL Living in Household # _____ TOTAL Monthly Household Income \$ _____

Spouse's Name: _____ Date of Birth: _____ Spouse's Gender: F / M

Spouse's Ethnic/Racial Background (circle): Native American African American Hispanic/Latino Asian/Pacific
Biracial/Multiracial White Unknown Other: _____

LIST ALL OTHER INDIVIDUALS LIVING IN SAME HOUSEHOLD AS CLIENT

| First Name | Last Name | Date of Birth | Gender | Ethnicity/Race | Relationship to Client |
|------------|-----------|---------------|--------|----------------|------------------------|
| _____ | _____ | _____ | M / F | _____ | _____ |
| _____ | _____ | _____ | M / F | _____ | _____ |
| _____ | _____ | _____ | M / F | _____ | _____ |
| _____ | _____ | _____ | M / F | _____ | _____ |
| _____ | _____ | _____ | M / F | _____ | _____ |
| _____ | _____ | _____ | M / F | _____ | _____ |

Do you currently receive any public assistance? YES / NO

Please circle all assistance you receive: Unemployment / Disability / Social Security / Child Support / Cash Assistance

Are you a Veteran of the Armed Forces? YES / NO