



Catholic Charities
Intake/ Initial Information Sheet

Prev. contact _____
Program _____
Type of Service _____
Worker _____
Adult # _____ Ch # _____

Name: _____ **Date:** _____
Last name (Please write entire name, all names used)

Address: _____ **Telephone #(s):** _____
 _____ (Zip) (Please circle one) **SSN, ITIN, or other ID** (Driver's License, etc.)

County: _____ **ID Number** _____
(ID chosen above)

Employment Employer: _____ **Household Income:** \$ _____ per week / month / year

Your job: _____ **Current or last date worked** _____

Family Status

Race/Ethnic Group: Asian Black Hisp/Lat Native-Am White Other _____
(Circle all that apply)

Country of Birth: _____

Please list below everyone who stays in your home. **Include yourself and other adults.** (School grade, Health & Ins. status, special needs)

Name	Birthdate/ Age	Relationship to you	Other information
1. You	M / F	Self	
2.	M / F		
3.	M / F		
4.	M / F		
5.	M / F		
6.	M / F		
7.	M / F		

How many adults live in your home? _____ **How many children live in your home?** _____

(Please circle all that apply)

Are you: Married / Never been married / Single / Divorced / Separated / Widowed / Living as married

Reason for coming? _____

What have you done to address these issues? _____

How did you hear about/ who referred you to CSM? _____

What <u>other agencies</u> have you contacted?	When?	What was the <u>result of the contact?</u>
_____	_____	_____
_____	_____	_____

We serve people of all faiths (This information is voluntary and only for reporting purposes, it will not be used for any other reason.)

What is your religion? (Please circle one) Catholic / other Christian / Jewish / Muslim / none / Other _____

Name of Church (if any) _____