



www.totallegacy.org

Client Intake Information

Name: _____

Date: _____

E-mail: _____

Agency that works with you: _____

Birth Date: _____

Age: _____

Vet:

Phone: _____

Email: _____

ID Card:

SS card:

Income

Working:

DOC Housing Voucher

SSI:

SSDI:

Other:

Healthcare

Medicaid:

State Health:

Other:

Any Mental Health services or medication in the past or present? Please list.

Any Chemical dependency past, or present, and do you receive services? Where?:

Housing history

Times you lost housing and why:

Legal Financial Obligations (LFOs) or debt: _____

Anything

else: _____

Incarceration or Arrest history

Any charges pending:

Charge _____

County _____

Status _____

Charge _____

County _____

Status _____

DOC Number _____

Are you working with any other organization or case managers are they helping with resources?

Work history

Are you working or looking for work?

Type? _____

If you plan on attending school or training, what type of education? _____



Emergency
Contacts/Family or
friends

1. Name: _____

Relation: _____

Address: _____

Phone number: _____

Counselor
Signature _____

Date: _____

Resident
Signature _____

Date: _____

2. Name: _____

Relation: _____

Address: _____

Phone number: _____

What should we know about you to assist
you? Please feel free to write in
comments.

Comments.
