

Catholic Charities Basic Needs Intake Form

Section 1 - Completed by Client

First Name:			MI:		Last Name:				Date:		
Street Address:				Apt No:		City:		State:		Zip Code:	
Phone #:		Other #:		Email:			Total Household Members:		Home Owner: Y / N		
Household Member	Relationship	Annual Income*	Income Source*	Date of Birth	Social Security Number	M/F	Race**	Hispanic Y/N	Veteran Y/N	Disability Y/N	Citizen Y/N
	Self										

*Income Sources: [for each household member] Employment, Unemployment Comp, TANF, Pension, SSA, SSI,SSD, Family Supp, No Income, Veteran's Admin, Other

**Race [for each household member] White Black/African American Asian AM Indian/Alaskan Native Hawaian/Other Pac Islander
 AM Indian/Alaskan Native & White AM Indian/Alaskan Native & Black Asian & White Black & White Other No Response

Section 2 - Completed by Catholic Charities Case Manager

Client Meeting Site: Main Office / Mobile Office			Case Manager:				AMI %	
Utility	Arrearage \$	S/O Notice Date	Main Heat Y/N	Account Number				
Electric								
Gas								
Water								
Oil								

Client Services to bill: Intake _____ Budget Counseling _____ Energy Counseling _____
 Energy Advocacy _____ LIHEAP Referral _____ DESEU Program Referral _____
 Other Energy Program Referral _____ Energy Workshop _____

Catholic Charities Referrals: Food Program Referral _____ Diaper Bank Referral _____ Thrift Services Voucher _____

Section 3 - Completed by Catholic Charities Staff

Data Entry Staff:	Date:	Revised: 06-13-2018
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