

ICAA CLIENT INTAKE SCREENING FORM

DATE OF INTAKE:

Intake form completed by:

We have multiple programs at Indianhead Community Action Agency in which you may benefit from. Some of these programs may be based on income. We will do internal referrals to those programs that may be of help to you based on the information acquired during this conversation.

Client Name:

Address:

County:

Telephone number:

Email:

When is the best time to contact you? Morning Afternoon

What is your preferred method of contact: Telephone Email

How many in your household:

of Adults:

of Children:

Child Ages:

Is anyone in your household currently pregnant? Yes No

Are you Employed? Yes No Full Time Part Time Disabled Retired

Monthly Gross Income for household:

Has your income been affected by COVID in any way?

What is your housing status? Own Rent Homeless

Do you have a driver's license? Yes No

Are you or anyone in your household a veteran? Yes No

What type of assistance are you looking to get help with? Utilities Vehicle Telephone Rent

Property Taxes Mortgage payment Employment Legal Assistance Other:

Do you need a cell phone? Yes No Do you need minutes? Yes No What carrier?

What is the best way to get the phone and/or minute card to you? Mail Pick Up Auto fill minutes

Would you like information or help with Domestic Violence or stalking? Yes No

Do you need a referral to a Child Support Agency? Yes No

Do you feel you have enough food for your family? Yes No

If not, would like information on food pantries in your area? Yes No

How did you hear about our program?

Additional Information:

Updated 7/13/2022