

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: _____ 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: Adults: _____ Children: _____ Child Ages: _____

Are children under 5 enrolled in Early Head Start/Head Start? Yes No

Is anyone in the household currently pregnant? Yes No

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

Monthly **GROSS** Income for household (total for all adults in household): \$ _____

What is your housing status? Own Rent Homeless

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

What type of assistance are you looking to get help with? Utilities Vehicle Rent Mortgage
 Legal assistance Other: _____

Do you need a gas voucher? Yes No Reason? _____

Do you need phone minutes? Yes No Reason? _____

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 you like information on food pantries in your area? Yes No

How did you hear about our programs? _____

Additional Information: _____