

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: _____