CLIENT INTAKE FORM Please check appropriate boxes. If asked a question, fill in information on designated space. All words that are bold are required information.		
Jurisdiction of referring agency: DC MD VA	Other:	
Date of Initial Intake		
Revised Date:	<u><i>Personal Information</i></u> (check one only)	
Reviewed Date(s):	Sex: Male Female Transgender M to F Transgender F to M	
Client Identification		
Last name	Ethnicity: Hispanic Non-Hispanic	
First name MI	Race: White Black/African American	
Date of birth Age	Asian Native American	
SSNMedicaid #	Native Hawaiian/Pacific Islander	
	More than one race	
Address information (provide current address)	Nationality (country of origin)	
Street address:	Sexual orientation	
City State Zip	Heterosexual Bisexual	
Phone email	Homosexual Does not apply, child	
Is this your mailing address? Yes No	Unknown/unreported	
If no, please provide other address:	Marital status	
Street address:		
City State Zip	Separated Divorced	
Confidentiality Issues Can we call ? Yes Identify as GBMS? Yes	Co-habitating Widowed Other Unknown	
Send mail? Can we email? Special instructions: Yes No Yes No	Are You a United States Veteran?	

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 IST Review Date:
 2nd Review Date:

 GBMS STAFF:

	Social Benefits and Entitlements	
Housing Komily in some information	Your entitlements: (Please	e check all that apply)
<u><i>Housing/family/income information</i></u> Housing status:	TANF	SSDI SSI
Lives alone	Food stamps	WIC Disability
W/ spouse or partner	Unemployment	Uveteran GPA/GR
W/ spouse & children	Tenant Asst	ADAP HOPWA
W/ dependent children	Emergency	Shelter +Care
With non-dependent children	DC Housing	Child Protective Services
W/ parents or guardian & dependent children	Other	None None
W/ parents or guardian only	<u>Insurance status</u>	
W/ other relatives	Type of medical insurance	e (Please check all that apply)
W/ contributing non-relative room mates	Private	Medicare
W/ non-contributing, non-relative room mates	Medicaid	Other public insurance
Lives in shelter	U VA	□ None
Homeless, in street		
Lives in foster care	Name of insurance compa	ny
Lives in chronic care facility	Agent address	
Needs Identified: None	City	State Zip
Plan:	Phone	email
Are you head of household? Yes No	Co-pay amount (\$)	
Client family status	Language/Education	<i>Information</i>
Self Mother Father	Client's maken language	
☐ Sibling ☐ Grandparent ☐ other adult relative	Client's spoken language	
Other non-related adult caregiver	Client's written language	
Child <21, single child home	Caregiver spoken language	
Child <21, multi child home	Caregiver written language	2
Number of children (<18) in household		
Total persons in household		

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 1ST Review Date:
 2nd Review Date:

 GBMS STAFF:

XPRES FRM CIF02; Revised 07/29/2014

Client's education: Contact in jornation / Social Support Client's education: Please check if contact has to be done with Discretion or prior permission in case of emergency or any eventuality. Please check if contact has to be done with Discretion or prior permission in case of emergency or any eventuality. Professional Technical Employment Information Primary job Full time Part time Date of employment City State Zip Address	XPRES FRM CIF02; Revised 07/29/2014	Page 3 of 3	
□ None □ Unknown □ Grades 0-6 □ Grades 7-9 □ Grades 10-12 2 year college □ 4 yr college □ Postgraduate □ Professional □ Technical Employment Information City Primary job □ Full time □ Part time Relation to Client: □ Oropany name	Client's education:	Contact Information / Social Support	
Grades 0-6 Grades 7-9 Grades 10-12 2 year college 4 yr college Postgraduate Professional Technical Employment Information Address Primary job Full time Part time Date of employment	None Unknown	Discretion or prior permission in case of emergency or	
□ Grades 10-12 □ 2 year college □ Address □ Professional □ Technical □ Contact name Employment Information Phone Primary job □ Full time Date of employment	Grades 0-6 Grades 7-9		
Address	Grades 10-12 2 year college	Emergency contact:	
Professional	4 yr college Postgraduate	Contact name	
Employment Information City	Professional Technical	Address	
Primary job Full time Part time Date of employment		City State Zip	
Date of employment	<u>Employment Information</u>	Phone email	
Company name	Primary job Full time Part time	Relation to Client:	
Address	Date of employment		
Address	Company name		
City	Address		
Phoneemail	City State Zip		
Job title:	Phoneemail	Physically impaired Wheelchair bound	
Second job (if any) □ Full time □ Part time Date of employment □ Chronically mentally ill Company name □ Chronically mentally ill Address □ Other need Address □ None City State Zip Phone email □ None Job title: Does client have any court cases pending? Yes Job title:	Job title:	Developmentally disabled	
Date of employment		Recently released from incarceration	
Company name Chronically mentally ill Address Other need Address None City State Zip Phone email None Job title: Obset No Job title: Obset No Income: Annual Individual Income Annual Individual Income Annual Household Income		Recently incarcerated	
Address		Chronically mentally ill	
City State Zip None Phone email Job title: Job title: Masc client ever been convicted of criminal or civil charges? Masc client ever been convicted of criminal or civil charges? Job title: Job title: Masc client ever been convicted of criminal or civil charges? Masc client have any court cases pending? Yes Client needs assistance with legal issues. (e.g. Health Care Proxy, Will, Living Will, Power of Attorney, Immigration, Guardianship, Other)		Other need	
Phoneemail Legal Information Job title: YesNo Job title: Does client have any court cases pending?YesNo Income: Annual Individual Income Annual Individual Income Client needs assistance with legal issues. (e.g. Health Care Proxy, Will, Living Will, Power of Attorney, Immigration, Guardianship, Other) Annual Household Income Intervention is needed. 100% - 200% of federal poverty level Client meds assistance with legal issues within the next month. 200% - 300% of federal poverty level STAFF SIGNATURE:		□ None	
Phoneemail Has client ever been convicted of criminal or civil charges? Job title: YesNo Job title: Does client have any court cases pending?YesNo Income:	City State Zip	Legal Information	
Job title:	Phone email	Has client ever been convicted of criminal or civil charges?	
Income: Annual Individual Income Annual Individual Income Client needs assistance with legal issues. (e.g. Health Care Proxy, Will, Living Will, Power of Attorney, Immigration, Guardianship, Other) Annual Household Income Intervention is needed. 100% - 200% of federal poverty level Client needs assistance with legal issues within	Job title:	Does client have any court cases pending? \Box Yes \Box No	
Annual Individual Income		Is client on probation or parole? \Box Yes \Box No	
Annual Household Income Intervention is needed. 100% - 200% of federal poverty level Client needs assistance with legal issues within 200% - 300% of federal poverty level Client may need legal assistance in the future. 300% or > than federal poverty level STAFF SIGNATURE: CLIENT SIGNATURE: CLIENT SIGNATURE:	Income:		
Annual Household Income □ Client needs assistance with legal issues within 100% - 200% of federal poverty level □ Client needs assistance with legal issues within 200% - 300% of federal poverty level □ Client may need legal assistance in the future. 300% or > than federal poverty level STAFF SIGNATURE: CLIENT SIGNATURE:	Annual Individual Income	Health Care Proxy, Will, Living Will, Power of Attorney, Immigration, Guardianship, Other)	
100% - 200% of federal poverty level Client may need legal assistance in the future. 200% - 300% of federal poverty level Client may need legal assistance in the future. 300% or > than federal poverty level STAFF SIGNATURE: CLIENT SIGNATURE: CLIENT SIGNATURE:	Annual Household Income		
200% - 300% of federal poverty level Client has no legal needs at this time. STAFF SIGNATURE: CLIENT SIGNATURE:	100% - 200% of federal poverty level		
CLIENT SIGNATURE:	200% - 300% of federal poverty level		
CLIENT SIGNATURE:	300% or > than federal poverty level		
DATE(S) REVIEWED:		CLIENT SIGNATURE:	
		DATE(S) REVIEWED:	