

# UNIVERSAL INTAKE



## PRIMARY CLIENT

<b>First Name</b>		<b>Middle Name</b>		<b>Last Name</b>		<b>Date of Birth</b>	
<b>Social Security Number</b>							
<b>What is your household type?</b> <input type="checkbox"/> Single Person <input type="checkbox"/> Single Mother <input type="checkbox"/> Single Father <input type="checkbox"/> Two parent family <input type="checkbox"/> Grandparent(s) with children <input type="checkbox"/> Foster parent(s) <input type="checkbox"/> Couple with no children <input type="checkbox"/> Other: _____							
<b>How many are in your household (including yourself)?</b>				<b>What primary language is spoken at home?</b>			
<b>Email Address</b>							
<b>Main Phone</b>		<b>Type</b>		<b>2nd Phone</b>		<b>Type</b>	
<b>Ok to leave message?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not call				<b>Ok to leave message?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not call			
<b>Gender</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Other Gender: _____							
<b>Cultural Heritage</b> <input type="checkbox"/> African <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Middle Eastern <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Slavic <input type="checkbox"/> Other: _____							
<b>What Languages do you speak?</b>				<b>Country of Origin (if other than US)</b>			
<b>Health Insurance</b> <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> None <input type="checkbox"/> OHP <input type="checkbox"/> OHP Plus <input type="checkbox"/> Private <input type="checkbox"/> VA							
<b>Are you a US Veteran?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>What is your employment status?</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Job Training Program <input type="checkbox"/> Irregular Employment <input type="checkbox"/> Not Employed, Not Seeking <input type="checkbox"/> Not Employed, Seeking <input type="checkbox"/> Retired <input type="checkbox"/> On Call <input type="checkbox"/> Other: _____							
<b>What is your highest level of education?</b> <input type="checkbox"/> Less than high school <input type="checkbox"/> Some high school <input type="checkbox"/> Other: <input type="checkbox"/> High school diploma <input type="checkbox"/> GED <input type="checkbox"/> Vocational School <input type="checkbox"/> 1-2 years of college <input type="checkbox"/> 3-4 years of college <input type="checkbox"/> Undergraduate Degree <input type="checkbox"/> Associates Degree <input type="checkbox"/> Certificate							
<b>Street Address</b>				<b>City</b>		<b>State</b>	<b>Zip</b>
<b>Mailing Address (if different from street address)</b>				<b>City</b>		<b>State</b>	<b>Zip</b>
<b>County of Residence</b>							
<b>What type of housing do you have?</b> <input type="checkbox"/> Shelter <input type="checkbox"/> I own my home <input type="checkbox"/> Street/Car <input type="checkbox"/> Rental with subsidy <input type="checkbox"/> Rental without subsidy <input type="checkbox"/> Staying with family <input type="checkbox"/> Staying with friends <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Other: _____							
<b>Please list your entire household's income from the last 30 days</b>							
Amount		Source		Amount		Source	
\$				\$			
\$				\$			
<b>Does anyone in your household receive any of these non-cash benefits?</b> <input type="checkbox"/> No <input type="checkbox"/> TANF Child Care <input type="checkbox"/> TANF Transportation <input type="checkbox"/> Section 8 <input type="checkbox"/> WIC <input type="checkbox"/> SNAP, Amount \$							
<b>Emergency Contact Name</b>		<b>Relation</b>		<b>Main Phone</b>		<b>2nd Phone</b>	

Client Signature

Staff Signature

Date



# Save First Financial Wellness Referral

Client Information			
Client Name			
<b>Income Sources</b> <input type="checkbox"/> Employment <input type="checkbox"/> Child Support <input type="checkbox"/> SSI/SSD <input type="checkbox"/> TANF <input type="checkbox"/> Other	<b>Employment Status</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> On-Call <input type="checkbox"/> Other	<b>Client Married?</b>	<b>Client Homeless?</b>
		<b>Spouse Attending With?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Client Pregnant?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
		<b>Bringing Family?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Client Bringing a Baby?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Brief Case Summary</b> <i>Briefly summarize client's current situation and any financial goals. Please include the names and relationship of any persons who will be attending FSC programming with the client, as well as any special needs (mobility, language, scheduling, or otherwise)</i>			

Referral Information
Today's Date
Referring Department
Referring Case Manager
Case Manager Phone #/Ext

Preferred Language for Services
<input type="checkbox"/> English
<input type="checkbox"/> Spanish
<input type="checkbox"/> Arabic
<input type="checkbox"/> Other

Availability	AM	PM
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>

Client Interest:	
<i>(Check all that Apply)</i>	
<input type="checkbox"/>	<b>Financial Wellness Workshop:</b> <i>Learn the basics of budgeting, techniques to get caught up on bills, how to pay off existing debt; also included is an introduction to your rights as a consumer.</i>
<input type="checkbox"/>	<b>Rent Well:</b> <i>A program for persons wanting to improve their rental-ability. Covers tenant's right, responsibilities, tools to overcome housing barriers and tips for the housing search.</i>
<input type="checkbox"/>	<b>Financial Coaching:</b> <i>1-1 sessions with a volunteer coach to create personalized budgets, make a debt payment plan, set financial goals, work on savings, and more</i>
<input type="checkbox"/>	<b>Matched Savings Program:</b> <i>A match-savings program to help clients save for education, a small business, or homeownership. Clients must meet income guidelines</i>
<input type="checkbox"/>	<b>Credit Repair and Building:</b> <i>Get help reading credit reports, managing old debts, and learning how to build new credit.</i>

IDA Type
<input type="checkbox"/> Education
<input type="checkbox"/> Small Business
<input type="checkbox"/> Homeownership
<input type="checkbox"/> Rental
<input type="checkbox"/> Refugee <i>(available for refugees only)</i>

Send completed referral to Emily Waldron, Save First Navigator, at [Emily@savefirstfinancial.org](mailto:Emily@savefirstfinancial.org).