

CLIENT INTAKE FORM

Other adult in home: _____

Today's Date: _____

Birthdate: _____

Return completed form to: helphub@harrelsoncenter.org

Name: _____ Age: _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> non-binary	Race: <input type="checkbox"/> B <input type="checkbox"/> W <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
Married: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Separated	Veterans: <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer: _____
Current Housing Status: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Shelter <input type="checkbox"/> Homeless (# years/months _____)		
Household Members: # Adults _____ # Children _____ Ages: _____, _____, _____, _____, _____, _____, _____, _____		
Do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what kind? _____		
What health concerns do you have? _____		
Would you like to meet with our Healthcare Navigator today or receive a follow-up call? <input type="checkbox"/> Yes <input type="checkbox"/> No		

How did you hear about the Help Hub? _____

Have you received financial assistance from the Help Hub in the last 12 months? ☐ Yes / ☐ NoAre you involved with another Harrelson Center Partner? ☐ Y / ☐ N Partner: _____

Which number from 1 to 100 describes your quality of life? (1-No quality of life/100-Perfect quality of life) # _____

What is your emergency situation? _____**Reason for Emergency:** _____**Are you enrolled in the Healthy Opportunities Pilot Program (HOP)** _____

MONTHLY HOUSEHOLD INCOME		
	Last Month	This Month
Employment	\$	
Unemployment Comp.	\$	
SSD / SSI	\$	
Pension	\$	
Food Stamps	\$	
Medicare/Medicaid	\$	
Child Support	\$	
Work First	\$	
Child tax credit	\$	
School Loans	\$	
Utility Check	\$	
Housing Subsidy / Section 8	\$	
Tax Refund	\$	
Total Income		

MONTHLY HOUSEHOLD EXPENSES			
	Monthly	Owe	Paid
Rent / Mortgage LL: _____	\$		
Electricity Acct # _____	\$		
Water Acct #: _____	\$		
Oil / Gas Acct # _____	\$		
Food	\$		
Medical	\$		
Childcare/Child support	\$		
Phone	\$		
Internet / Cable	\$		
Car Payment	\$		
Transportation (gas, bus, Uber)	\$		
Insurance (car, home, life)	\$		
Credit Card payments	\$		
Total Expenses			

I authorize the Harrelson Center to share my information in order to seek assistance on my behalf and to use my name and/or photo for use in promotional material. I understand this does not guarantee funding. I may receive a follow up call from the Help Hub.

Signature: _____ Date: _____

4/11/23