

# Confidential Client Intake Form

DATE					
LAST NAME		FIRST NAME			
ADDRESS					
CITY/STATE		ZIPCODE			
PHONE					
NUMBER OF PEOPLE IN YOUR HOME					
ADULTS (18+)		CHILDREN (0 - 17)		SENIORS (65 +)	
HOW DID YOU HEAR ABOUT US?					
HAVE WE HELPED YOU BEFORE?		YES		NO	
ARE YOU IN NEED OF ANY PERSONAL CARE ITEMS?		YES		NO	
IF YES, OF WHAT ARE YOU IN?					
ARE YOU IN NEED OF ANY OTHER FORMS OF ASISTANCE?		YES		NO	
IF YES, OF WHICH ARE YOU IN NEED?					
OTHER INFORMATION PERTINENT TO YOUR SITUATION?					
INTERVIEWER'S NAME					
DATE					
HELP PROVIDED					
HELP DENIED & REASON					
REFERRED TO					