

Client Intake Form

Services in which you are interested? Citizenship Prep Financial Readiness GED
 Life Skills Job Skills Resume' Writing English Second Language Veteran Other

Name Last: _____ First: _____ Middle: _____

Full Address: _____

Phone Number: _____ Email: _____

Birth-date: _____ Are you? Male Female Other

Marital Status: Single Married Widow Separated Divorced Common Law

Are you? Veteran Disabled Non-Citizen/Immigrant

If you are a Non-Citizen/Immigrant what country are you from? _____

The U.S. Census Bureau uses the following five designations for determining race which best fits you?

White Black American Indian or Alaska Native Asian Hawaiian or Other Pacific Islander

How well do you speak English? Very good Good Some Little None

How well do you write English? Very good Good Some Little None

How well do you read English? Very good Good Some Little None

Circle your highest completed education level? Grade 6, 7, 8, 9, 10, 11, 12, College Yr 1, 2, 3, 4

Names Living In Household	DOB	Gender	Relationship	Veteran	Disabled	Race (see above)	Education Level
1. _____	_____	M F O	_____	_____	_____	_____	_____
2. _____	_____	M F O	_____	_____	_____	_____	_____
3. _____	_____	M F O	_____	_____	_____	_____	_____
4. _____	_____	M F O	_____	_____	_____	_____	_____
5. _____	_____	M F O	_____	_____	_____	_____	_____
6. _____	_____	M F O	_____	_____	_____	_____	_____
7. _____	_____	M F O	_____	_____	_____	_____	_____
8. _____	_____	M F O	_____	_____	_____	_____	_____
9. _____	_____	M F O	_____	_____	_____	_____	_____
10. _____	_____	M F O	_____	_____	_____	_____	_____

Notes: _____

Financial Information:

HOUSEHOLD MEANS OF SUPPORT – Monthly income

(circle)

Employed? Yes: ___ No: ___ Employer: _____ Full/Part time Monthly pay: \$ _____
Unemployment: \$ _____ Workman's comp: \$ _____ SSI/SSD/Social Security: \$ _____
Cash Grants: \$ _____ Food Stamps: \$ _____ Pension: \$ _____ Utilities Allowance: \$ _____
Child Support/Kinship Care/Foster Care Per Diem: \$ _____ E.I.C. Payment: \$ _____
Other Income not listed (includes help from family/friends, Odd jobs, Savings etc.): \$ _____

Monthly expenses:

Rent/Mortgage: \$ _____ Electric: \$ _____ Water/Sewer: \$ _____ Gas: \$ _____ Phone: \$ _____ Food: \$ _____
Garbage: \$ _____ Taxes: \$ _____ Fuel for Car/Transportation Costs (Bus Pass, Uber/Lyft etc.): \$ _____
Child Support: \$ _____ Alimony: \$ _____ Car Loan: \$ _____ Credit Cards: \$ _____ Daycare: \$ _____
Insurance Car: \$ _____ Insurance (Life, Medical, Renters): \$ _____ Cable TV/Internet: \$ _____
Rentals (Rent-A-Center): \$ _____ Household Expenses (Cleaning, Paper, Childcare, or Pet Products, Other items you purchase routinely for your household? _____ Fines: \$ _____ Loans: \$ _____
For Smokers Only Cigarettes: \$ _____ Other expense not listed: \$ _____

Total Income: \$ _____ Total Expenses: \$ _____ Balance: \$ _____

If there is a deficit, explain how difference has been made up: _____

Notes: _____

I certify by signing below that the information I have given to B.R.I.D.G.E. People Inc. is accurate. This information will be used for determining eligibility for services and for assessing service needs.

Client Signature: _____ Date: _____