



Catholic Charities

Client Intake

Date _____ Male _____ Female _____ Veteran _____ Disabled _____

How did you hear about us? _____

Last name First Name D.O.B Age

Spouse/Partner's Name D.O.B Age

Address City Zip Code Telephone #

Housing

Rent _____ Section 8 _____ Housing _____ Own _____ Other _____ Homeless _____

Ethnicity/Race

- ___ Hispanic Origin
- ___ Caucasian (white)
- ___ African American
- ___ Asian/Pacific Islander
- ___ Am./Indian/Alaska Native
- ___ Other Bi-Racial

Education

- ___ 0-8 year's
- ___ 9-12 (non-grad)
- ___ High School Grad/GED
- ___ 12+ some post-secondary
- ___ 2 or 4 year college graduate
- ___ Post Graduate

Employment

- ___ Full Time
- ___ Part Time
- ___ Unemployed
- ___ Retired
- ___ Disabled

Children and Others in the Household

Last Name First Name M/F D.O.B Age

Financial & Economic Assessment

Monthly Income

Gross Income #1 \$ _____
Gross income #2 \$ _____
CalWORKs \$ _____
Unemployment \$ _____
Social Security \$ _____
SSDI \$ _____
Supplemental Security \$ _____
Child Support \$ _____
Worker's Comp. \$ _____
Veteran's Benefits \$ _____
Spousal Support \$ _____
General Relief \$ _____
Other \$ _____
Food Stamps \$ _____
WIC ___ Yes ___ No

Total Income \$ _____

Total Expenses \$ _____

Surplus/Deficit \$ _____

Monthly Expenses

Rent \$ _____
Food \$ _____
Electricity \$ _____
Water \$ _____
Gas \$ _____
Cable \$ _____
Telephone \$ _____
Car Payment \$ _____
Car Insurance \$ _____
Car Repairs \$ _____
Gasoline \$ _____
Credit/Loan \$ _____
Laundromat \$ _____
Child care \$ _____
Medical \$ _____
Other \$ _____

I am interested in the following services:

___ Food

___ Psychological Counseling

___ Clothing Voucher

___ E.S.L Classes

___ Case Management/Goal Setting

___ Rental Assistance

___ Help translating forms or filling out application
(No Legal or Medical Forms)

___ Utility Assistance

Client Signature: _____

Case Worker Signature: _____