



Client code: _____
Appt. Date: _____
Appt. Time: _____

CLIENT INTAKE FORM

Please **PRINT** and complete the following information.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

The following information is voluntary and strictly confidential, it will be used for statistical purposes only.

(Please check one in each category)

Age:

Under 21 _____

21-29 _____

30-39 _____

40-49 _____

50 or older _____

Race:

African American _____

Asian _____

Caucasian _____

Hispanic _____

Other _____

Marital Status:

Single _____

Married/Partnered _____

Separated/Divorced _____

Widowed _____

Children (living in your household): Yes _____ No _____ **Veteran** Yes _____ No _____

Currently Receiving Public Assistance (including foodstamps, WIC, or TANF): Yes _____ No _____

Education (please check highest level completed):

GED Yes _____ No _____ In Progress _____

High School Diploma Yes _____ No _____ If No, grade completed _____

College Degree Yes _____ No _____ If Yes: Associate _____ Bachelor _____ In Progress _____

Advanced Degree Yes _____ No _____ If Yes, please specify: _____

How long have you been looking for a job? _____