



Amigos de Guadalupe Client Intake Form

Date: _____ Filled by: _____ Rec'd By: _____

Last Name: _____ First: _____ M/O _____

Current Address: _____ City/State/Zip: _____

Telephone: (H) _____ (W) _____ (C) _____

DOB: _____ Ethnicity: Asian Latino Black American White Other: _____

Primary language: E S V Other: _____ Language spoken at home: E S V Other: _____

Marital Status:

Single Boyfriend Girlfriend Common Law
Register Domestic Partner Married Separated Divorce Widow

Emergency Information:

Emergency Contact: _____ Relationship: _____ Phone: _____

Household:

How many people live with you? # _____ Who is head of Household?: _____

Is any family member pregnant Y N Expected due date: _____

Adults:

1. Last Name: _____ First: _____ Relationship: _____

DOB: _____ Gender: M F Ethnicity: Asian Black American Latino Other: _____

2. Last Name: _____ First: _____ Relationship: _____

DOB: _____ Gender: M F Ethnicity: Asian Black American Latino Other: _____

3. Last Name: _____ First: _____ Relationship: _____

DOB: _____ Gender: M F Ethnicity: Asian Black American Latino Other: _____

Children:

1. Last Name: _____ First: _____ Relationship: _____

DOB: _____ Gender: M F Ethnicity: Asian Black American Latino Other: _____
School: _____

2. Last Name: _____ First: _____ Relationship: _____

DOB: _____ Gender: M F Ethnicity: Asian Black American Latino Other: _____
School: _____



Amigos de Guadalupe Client Intake Form

Date: _____ Filled by: _____ Rec'd By: _____

3. Last Name: _____ First: _____ Relationship: _____

DOB: _____ Gender: M F Ethnicity: Asian Black American Latino Other: _____

School: _____

4. Last Name: _____ First: _____ Relationship: _____

DOB: _____ Gender: M F Ethnicity: Asian Black American Latino Other: _____

School: _____

Add additional sheet if necessary.....

Family Composition:

Do you have children 17.5 or younger who are not listed on this form Y N

How many: _____ Where are they located? _____

Are you currently in any type of reunification process with your children not in your custody? Y N

Circumstances of separation:

CPS/Family Court ordered: Expected reunification? _____

Family arrangement: Expected reunification? _____

Spousal custody determination: Expected reunification? _____

Immigration detention: Expected reunification? _____

Does client anticipate bringing children to live with head of household? Y N

Does client have support network? Y N

Primary support network? Parents Grandparents Siblings Friends Other: _____

Secondary support network? Parents Grandparents Siblings Friends Other: _____

Tertiary support network? Parents Grandparents Siblings Friends Other: _____

Disability Status:

Mental Illness/Developmental Disorder Short/Long –Term Substance Abuse

Physical Disability Other: _____

Is there anyone in house hold with disability Y N

If yes, please provide more information: _____



Amigos de Guadalupe Client Intake Form

Date: _____ Filled by: _____ Rec'd By: _____

Educational Background: (mark highest level of education):

Some grade or high school	High school diploma/GED
Associate or Technical degree	Bachelor degree
Master, Doctorate, or professional degree	Other/unknown/declined to state

Where did you receive your education?: USA Other: _____

Employment Status:

Are you currently employed?: Y N Do you have more than 1 job?: Y N # _____

Type of work(mark as applicable): _____ Temp _____ Perm _____ Seasonal

Is your work?: Full-time Part-time unemployed other: _____

Income:

Annual Family Income: *(mark one)*

\$5,000-or less	\$5,000-\$10,000	\$10,000-\$20,000
\$20,000-30,000	\$30,001-\$40,000	\$40,001-\$50,000
\$50,001-and above		

Monthly Income & Benefits (check all that apply and provide amount for self and dependents under age of 18)

_____ Wages:	_____ Unemployment	_____ Supplemental (SSI) Self Child
_____ Social Security	_____ Workers Comp	_____ Disability (SSDI)
_____ Private Pension	_____ Veterans Pension	_____ General Public Assistance
_____ Private Disability	_____ Veteran Disability	_____ TANF/CalWorks
_____ Child Support	_____ Alimony	_____ Other: _____

Food Stamps Medicaid Medi-Cal Medi-care SCHIP/Healthy Kids

WIC VA Med. Srvc Section 8 Cal/Works Child Care

CalWorks Other CalWorks Services

Housing Status:

Literally Homeless Household at Eminent Risk of Losing House Rent Own

Housed and at risk of loosing housing Don't know/refuse to state

I consider my housing situation: safe unsafe



Amigos de Guadalupe Client Intake Form

Date: _____ Filled by: _____ Rec'd By: _____

SHORT TERM

GOAL: _____

LONG TERM

GOAL: _____

For OFFICIAL USE ONLY

Status NEW REPEAT ID#: _____

Case Manager: _____ Date Opened: _____

Presenting Needs: Housing Immigration Education Health Other: _____

Referred by: Agency Church Community member Other: _____

Is individual already working with case worker/social worker: Y N

Name: _____ Contact #: _____





Amigos de Guadalupe **Client Intake Form**

Date: _____ Filled by: _____ Rec'd By: _____