

Client Intake/Information Sheet

Race: American Indian Asian
 Black African American Native Amer/Other
 Pacific Islander
 White Information not provided

Ethnicity Type Hispanic
 Not Hispanic

Date of Birth _____

Number of Dependents

Household Size

Marital Status _____

Gender male female

Citizenship _____

Country of Origin _____

Preferred Language _____

Foreign Born yes no

Client type _____

Disabled yes no

Highest Education Level _____

Head of Household yes no

Check all that apply Female Head of Household US Veteran
 Single Head of Household Owned home in last 3 years

Have you met/worked with another counseling agency? yes* / no

*Agency Name _____ What time period _____

Household Annual Gross Income: _____

Email address: _____ Best Phone# H/C/W _____