

Intake Form

Intake Date		Intake Location		Issue Area	
Start Time		End Time		Intake By	

Client Information

Last Name		First Name		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
				Client Status	<input type="checkbox"/> New <input type="checkbox"/> Repeat
Address		Apt. # / Floor	Emergency Contact Name		
			Emergency Contact No.		
Client's Phone No.		Client's Email			
DOB		Translator Needed?	<input type="checkbox"/> Yes _____ (language) <input type="checkbox"/> No		
Immigration Status	<input type="checkbox"/> US Citizen <input type="checkbox"/> Lawful Permanent Resident (LPR) <input type="checkbox"/> Refugee/ Asylee <input type="checkbox"/> Without legal status <input type="checkbox"/> Other _____				
Ethnicity	<input type="checkbox"/> Black/ African American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> White <input type="checkbox"/> Other _____				
How did you hear about us?	<input type="checkbox"/> Family / Friend <input type="checkbox"/> Legal Services Org / Court <input type="checkbox"/> Prior Use <input type="checkbox"/> Partner Site <input type="checkbox"/> Internet <input type="checkbox"/> Unknown <input type="checkbox"/> Church / Other _____				

Income, Household, and Employment Information

Employment Status	<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Unemployed / Not Working <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student				
Source of Income & Benefits and Amount (check all that apply)	<input type="checkbox"/> Medicaid (low income) <input type="checkbox"/> Medicare (65 & older) <input type="checkbox"/> Food Stamps (\$_____/ month) <input type="checkbox"/> Public Assistance (\$_____/ month) <input type="checkbox"/> SSI (\$_____/ month) <input type="checkbox"/> SSD (\$_____/ month)		<input type="checkbox"/> Social Security Retirement (\$_____/ month) <input type="checkbox"/> Employment (\$_____/ W, M Y) <input type="checkbox"/> UI Benefit (\$_____/ week) <input type="checkbox"/> Worker's Compensation (\$_____/ week) <input type="checkbox"/> Other _____ (\$_____/ W, M, Y)		
Household members age & relationship	<input type="checkbox"/> Spouse / Partner : Age _____ <input type="checkbox"/> Children: Age(s) _____		Total # of Household including Self		
Disability Status	<input type="checkbox"/> None <input type="checkbox"/> Physical Disability <input type="checkbox"/> Mental Disability	Describe Disabilities			
Housing Info	<input type="checkbox"/> Rent Stabilized or Rent Controlled <input type="checkbox"/> Market-rate Housing <input type="checkbox"/> Public Housing (NYCHA/HUD) <input type="checkbox"/> Section 8 (Voucher or Project) <input type="checkbox"/> Transitional Shelter (e.g., Bowery) <input type="checkbox"/> Temporary Shelter		<input type="checkbox"/> SRO (Single Room Occupancy) <input type="checkbox"/> Illegal Boarding House (3/4 House) <input type="checkbox"/> Adult Home/Nursing Home <input type="checkbox"/> Owned <input type="checkbox"/> None / Homeless <input type="checkbox"/> Other _____		

Case Information

Facts of Case

WAIT! Is the client's primary issue related to EMPLOYMENT, HOUSING, IMMIGRATION, or FAMILY law? If so, please ask Staff for a separate guided intake sheet to proceed. Thank you.

Advice Given / Action Taken

Follow Up Required:

Yes No

Ministry Moments	<input type="checkbox"/> Prayer	<input type="checkbox"/> Literature given	Prayer Requests		
	<input type="checkbox"/> Bible given	<input type="checkbox"/> Church info given			
Area of Law	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Benefits	<input type="checkbox"/> Immigration	<input type="checkbox"/> Family	<input type="checkbox"/> Consumer
	<input type="checkbox"/> Re-Entry	<input type="checkbox"/> Criminal	<input type="checkbox"/> Employment	<input type="checkbox"/> Other _____	

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OHLS Staff Name & Sign Off Signature