

Living Water Charter Ministries - Client Intake Form

Date: _____

Intake Specialist: _____

Section 1: Client Information

- Full Name: _____
- Date of Birth: _____
- Gender: _____
- Preferred Pronouns: _____
- Social Security Number (Optional): _____
 - *Disclosure:* Providing your Social Security Number is voluntary. It may help us in accessing additional resources and services for you, but it is not required for receiving assistance from Living Water Charter Ministries.
- Current Address: _____
 - City: _____
 - State: CA
 - Zip Code: _____
- Mailing Address (if different): _____
 - City: _____
 - State: CA
 - Zip Code: _____
- Phone Number: _____

- Preferred Contact Method: ☐ Phone ☐ Text ☐ Email
- Email Address: _____
- Alternate Contact Person:
 - Name: _____
 - Relationship: _____
 - Phone Number: _____
- Emergency Contact (if different):
 - Name: _____
 - Relationship: _____
 - Phone Number: _____

Section 2: Household Information

- Number of Adults in Household: _____
- Number of Children in Household: _____
- Total Number of People in Household: _____
- Names and Ages of all Household Members:

Name	Age	Relationship to Client

- Do you have any disabilities or special needs? ☐ Yes ☐ No
 - If yes, please describe: _____
 - _____
- Do you speak English? ☐ Yes ☐ No
 - If not, what is your preferred language? _____

• **Ethnicity (Optional):** _____

• **Race (Optional):** _____

Section 3: Needs Assessment

Please indicate your current needs. Check all that apply and provide details.

• **Transportation:** ☐ Yes ☐ No

○ Details:

- _____
- Do you have a vehicle? ☐ Yes ☐ No
 - Do you have a valid driver's license? ☐ Yes ☐ No
 - What are your transportation needs? (e.g., bus pass, gas voucher, vehicle repair assistance)
- _____

• **Food:** ☐ Yes ☐ No

○ Details:

- _____
- Do you have access to cooking facilities? ☐ Yes ☐ No
 - Do you have any dietary restrictions or allergies? ☐ Yes ☐ No
 - If yes, please describe:
- _____

• **Housing:** ☐ Yes ☐ No

○ Details:

- _____
- Are you currently: ☐ Housed ☐ Unhoused ☐ At risk of homelessness
 - If unhoused, where are you currently staying?

- _____
- What type of housing assistance are you seeking? (e.g., emergency shelter, transitional housing, permanent housing, rental assistance)

○ _____

• **Life Essentials:** ☐ Yes ☐ No

○ Details:

○ _____

- Please specify which essentials you need:
 - ☐ Clothing
 - ☐ Hygiene products
 - ☐ Identification documents (e.g., driver's license, birth certificate)
 - ☐ Other:
 - _____
- **Income:** ☐ Yes ☐ No
 - Do you have a source of income? ☐ Yes ☐ No
 - If yes, what is your source of income? (e.g., employment, SSI, disability)
 - _____
 - Monthly Income Amount: \$ _____
- **Employment:** ☐ Yes ☐ No
 - Are you currently employed? ☐ Yes ☐ No
 - If yes, where are you employed?
 - _____
 - Are you seeking employment? ☐ Yes ☐ No
 - Do you need assistance with job searching or training? ☐ Yes ☐ No
- **Other Needs:**
- _____
- Please describe any other needs not listed above:
- _____

Section 4: Referrals and Other Services

- **Have you received assistance from other agencies?** ☐ Yes ☐ No
 - If yes, which agencies?
 - _____
- **How did you hear about Living Water Charter Ministries?**
- _____

- **Are you currently working with a case manager?** ☐ Yes ☐ No
 - If yes, please provide their name and contact information:
 - _____
- **Do you have any legal issues?** ☐ Yes ☐ No
 - If yes, please describe:
 - _____
- **Do you have any medical conditions?** ☐ Yes ☐ No
 - If yes, please describe:
 - _____
- **Are you currently receiving any medical treatment?** ☐ Yes ☐ No
 - If yes, please describe:
 - _____

Section 5: Consent and Release of Information

- I certify that the information provided in this intake form is true and complete to the best of my knowledge.
- I understand that Living Water Charter Ministries will use this information to assess my needs and provide appropriate services.
- I understand that Living Water Charter Ministries may share my information with other agencies or organizations as necessary to coordinate services, with my written consent.
- I hereby consent to the release of my information to the agencies listed below (if applicable):

Agency Name	Purpose of Release

- I have read and understand this consent and release of information.

Client Signature: _____ **Date:** _____

Intake Specialist Signature: _____