

Arise! In Crisis Today (ACT)**CLIENT INTAKE FORM**

Date:
Referred by:
Interviewing director:

Name:	Age:
Address:	
Mercer, PA 16137	
Phone:	Cell:
Ethnicity:	Marital Status: S or M
Do you co-habitate with someone?	

Other Residents in Household

Name:	Age/Relationship to client

Health Insurance

None	Medicare
Access &/or Plus	Employer Paid
DPW	Other:

Are you disabled?

Please explain detail of disability

Do you own or rent your housing?

Landlord Info (only needed if asking for rental assistance or help with deposit)

I affirm that the information I have provided is correct.

Client signature _____

Date _____

What is your specific need:

Vehicle(s)	Year/Make	Model
#1		
#2		

Household Expenses

Monthly	Expense item	Owed in arrears
	Mortgage/rent	
	Car payment(s)	
	Vehicle insurance	
	Electric	
	Heat	
	Water/Sewage	
	Garbage	
	Cell phone	
	TV/Internet/Phone	
	Child support	
	Property taxes	
	Groceries	
	Medical	
	Gasoline/vehicle	
	Totals	

Client Monthly Income Sources

(Total Household)

	Employment (net pay)
	Employment (net pay)
	SSI - Supplement Security Income
	SSD- Social Security Disability
	SSB - Security Survivor Benefits
	Other Social Security
	UC - Unemployment
	Food Stamps
	Child Support
	Other
	Totals