

Sioux Empire Network of Care Common Intake Form



Date: ____/____/____

CLIENT RECORD & CLIENT DEMOGRAPHICS

Name: _____
First Middle Last

Alias(s): _____

Social Security Number: _____ - _____ - _____ Client doesn't know Client Refused Data not collected

Date of Birth: ____/____/____

Veteran: Yes No Client doesn't know Client Refused Data not collected

Gender: Female Male Transgender M to F Transgender F to M Client doesn't know Client Refused Data not collected

Primary Race: American Indian Asian Black or African American Native Hawaiian or Pacific Islander White Client doesn't know
 Client Refused Data not collected Other _____

Ethnicity: Hispanic/Latino Non- Hispanic/Latino Client doesn't know Client Refused Data not collected

Marital Status: Single (never married) Married Separated Divorced Widow Client doesn't know Client Refused Data not collected

Are you a single parent? Yes No

Number of children under 18 (in your care) _____

Highest Level of Education Attained: Less than High School Diploma High School Diploma/GED Some College Technical School
 College Degree Grad School Client Refused Data not collected

ADDRESS INFORMATION

Address Type: Both – Physical / Mailing Physical Mailing Homeless

Current Address: _____
City, State, Zip

CONTACT METHOD

Phone Number: (____) _____ Home Phone Cell Message Phone ONLY No Phone

Can we send community give away and event information alerts via text messages to this number? Yes No

Email Address: _____

DISABILITIES

Does the client have a disabling condition? : Yes No Client doesn't know Client Refused Data not collected

If yes, Check all that apply: Physical Mental Health HIV/AIDS Chronic Health Vision Impaired Hearing Impaired Hepatitis C
 Developmental Client Refused Other _____

EMPLOYMENT INFORMATION

Employment Status: Full Time Part Time Unemployed Retired SSDI Temporary / Day Labor Seasonal Work

Employer Name: _____

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Total Monthly Income: \$ _____

Covered by Health Insurance: Yes No Client doesn't know Client Refused Data not collected

Please list all household members

Full Legal Name (first, middle ,last)	Date of Birth	Gender (M, F, T)	Relationship to Applicant

Reason for Visit: _____

CLIENT NOTES