

New Client Intake Questionnaire



Name: \_\_\_\_\_
Address: \_\_\_\_\_
Social Security No: \_\_\_\_\_
D.O.B. \_\_\_\_\_
Phone No: \_\_\_\_\_

Date: \_\_\_\_\_
Ryan White Case Manager: \_\_\_\_\_
Email: \_\_\_\_\_
Referred by: \_\_\_\_\_
Language Spoken: \_\_\_\_\_

Questions:

- 1. What type of assistance is needed? Rental Assistance, Utility Assistance, Mortgage Assistance, Deposit Assistance
2. What caused the emergency?
3. How many people live in the household? Adults Children
4. What is the monthly income in the household (Include ALL adults with income)?
5. Does you rent or own apartment/home?
6. How many bedrooms?
7. Have you requested assistance from other agencies? Yes No

Items that need to be provided at time of appointment:

- Proof of Status
State Issued Identification for entire household
Social Security Card of each member of your household
Income Verification: Last four pay check stubs, SSI, SSD (TPQY), Unemployment, VA Benefits, Pension, Workers Compensation, Child Support.
Proof of Verifiable Expenses: Rent (Lease) or Mortgage Payment, Bank Statement, Utility Bill, Medical Expenses, HIV Related Co-Pay and Dependents Care Expenses.
AFDC/Food Stamps Award Letter and/or Denial
Three-day Notice (when applicable)

Please provide a brief summary of your current housing situation and what services you are seeking.

Please submit this form as instructed by the intake case manager.

OFFICE USE ONLY BELOW THIS LINE

Assigned to: PHP STRMU Appointment Date: Appointment Time:
CM Assigned: Date Received:
Contact Date: Contact Time: By: