



**INTAKE FORM**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male  Female   
 Address: \_\_\_\_\_ Apt # \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ ID Type: DL  Passport  GC  No ID  Email: \_\_\_\_\_  
 Employed: Yes  No  Employer: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Country of Citizenship: \_\_\_\_\_ Home Language: \_\_\_\_\_ Years in U.S.: \_\_\_\_ Years in Ohio: \_\_\_\_  
 Education: Elm  H.S.  GED  Assoc.  Bach.  MBA  DCT

Marital Status: Single  Married  Divorced  Widowed  Separated

Number of Children: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

**Services needed:**

**Emergency Resources**

**Family Welfare**

**Employment & Training**

**Translation/Interpretation**

**Health Services**

- Food
- Shelter
- Legal Aid
- Furniture

- Food Assistance
- Medicaid/Medicare
- Cash Assistant
- SSI/Disability
- Housing

- Resume
- Employment Referral
- Education Referral

- Document Translation
- Verbal Interpretation

- CareNet
- Emergency Care
- Medical Referral
- Dental Referral
- Urgent Care
- Intp./Transl.
- Counseling


Are you being served by USTogether? Yes  No

Case Worker: \_\_\_\_\_

Date: \_\_\_\_\_

Client's Signature: \_\_\_\_\_

Date: \_\_\_\_\_