



The Caring Place Intake Form

The mission of The Caring Place is to provide for the basic human needs of all people in our community in a welcoming, respectful and caring way.

Financial assistance is based upon a verified proof of crisis. Please complete all fields for all people living in the household.

Household Information

Household Name: _____ DOB: _____ Phone: _____ Email: _____
 Street Address: _____ Apt/Unit/Lot#: _____ City: _____ Zip: _____
 Housing Status: Homeowner Renter No current housing Transitional Total people in the home: _____

Demographic Information for Head of Household

Gender Female Male Prefer not to say
Race Alaskan Native/American Indian Asian White Black/African American Native American/Pacific Islander Prefer not to say
Ethnicity Hispanic/Latino Not Hispanic/Latino Prefer not to say
Receiving Disability? Yes No
Health Insurance No Insurance Indigent or County CHIP Employer Medicaid Medicare Private State Ins Insured - Unknown VA/Tricare
Preferred Language English Spanish Other: _____
Marital Status Divorced Married Single Separated Widowed
Employment Status Employment Full Time Employed Part Time Not Employed Retired Unable to Work
Veteran Status Active Duty Not Applicable Veteran Spouse of veteran
Education Not a High School Graduate High School/GED Advanced Degree Bachelors Some College or Associates

Income, Benefits & Expenses

What is the household's normal *estimated* MONTHLY income? \$ _____
 Does anyone in the home receive any of these benefits? SNAP WIC TANF Free and Reduced Lunch Program (check all that apply)
 Does anyone in the household have a current Payday or Title loan? Yes No
 If yes, would you like information on our Alternative Loan Program? Yes No

Disclosures / Agreements

Please review and acknowledge receipt of the following by checking the box:
 I HAVE READ AND AGREE TO THE CLIENT AGREEMENT/INFORMED CONSENT.
 I HAVE READ AND AGREE TO THE HIPAA NOTICE OF PRIVACY PRACTICES.
 I HAVE READ AND AGREE TO THE CLIENT RIGHTS AND RESPONSIBILITIES.
My signature below indicates all of the information provided is true and correct to the best of my knowledge.
 Signature: _____ Date: _____