



Client Face Sheet

DEMOGRAPHIC INFORMATION

Disabling Condition:

<input type="checkbox"/> No	<input type="checkbox"/> Yes: (Select One)
<input type="checkbox"/> Don't Know	<input type="checkbox"/> Diagnosable substance use disorder
<input type="checkbox"/> Refused	<input type="checkbox"/> Serious mental illness
<input type="checkbox"/> Yes	<input type="checkbox"/> Developmental disability
	<input type="checkbox"/> Chronic physical illness or disability

HOUSEHOLD / CHILD INFORMATION

List all adults living in client's household

ADULT #1: (Intake Person)

*First Name: _____ *Last Name: _____

*Birthdate: _____ / _____ / _____ *Gender: _____ *Ethnicity: _____ *Head: _____

SSN: _____ Male Hispanic/Latino Yes

Female Non-Hispanic/Non-Latino No

*Race: _____ *Relation to Head: _____

American Indian or Alaskan Native Asian Self Sibling

Black or African-American Native Hawaiian Spouse Friend

White or Other Pacific Islander Parent Grandparent

Adult Child



Client Face Sheet

ADULT #2:

*First Name: _____ *Last Name: _____

*Birthdate: _____ / _____ / _____

*Gender: _____

*Ethnicity: _____

Veteran: _____

SSN: _____

_____ Male
_____ Female_____ Hispanic/Latino
_____ Non-Hispanic/Non-Latino_____ Yes
_____ No

*Race:

_____ American Indian or Alaskan Native
_____ Black or African-American
_____ White_____ Asian
_____ Native Hawaiian
_____ or Other Pacific Islander

Special Needs:

_____ Mental Illness
_____ Drug Abuse
_____ MRDD
_____ Domestic Violence
_____ Alcohol Abuse
_____ HIV/AIDS
_____ Physical Disability

Monthly Income Sources at Admission:

_____ Earned Income: \$ _____	_____ Unemployment benefits: \$ _____
_____ SSI: \$ _____	_____ SSDI: \$ _____
_____ Veteran's Disability Payment: \$ _____	_____ Private Disability Insurance: \$ _____
_____ Worker's Compensation: \$ _____	_____ TANF: \$ _____
_____ General Public Assistance: \$ _____	_____ Retirement from SSA: \$ _____
_____ Veteran's Pension: \$ _____	_____ Pension from a former job: \$ _____
_____ Child Support: \$ _____	_____ Alimony or other spousal support: \$ _____
_____ Other: \$ _____	_____ None

Residence Prior to Program Entry:

_____ Emergency shelter (including a youth shelter, or hotel, motel, or campground paid for with emergency shelter voucher)	_____ Apartment or house that you own
_____ Transitional housing for homeless persons (including homeless youth)	_____ Staying or living in a family member's room, apartment, or house
_____ Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO mod rehab)	_____ Staying or living in a friend's room, apartment, or house
_____ Psychiatric hospital or other psychiatric facility	_____ Hotel or motel paid for without emergency shelter voucher
_____ Substance abuse treatment facility or detox center	_____ Foster care home or foster care group home
_____ Hospital (non-psychiatric)	_____ Place not meant for habitation (e.g. vehicle, abandoned building, bus/train station or anywhere outside)
_____ Jail, prison, or juvenile detention facility	_____ Other
_____ Room, apartment, or house that you rent	_____ Don't Know
	_____ Refused

Disabling Condition:

_____ No	_____ Yes: (Select One)
_____ Don't Know	_____ Diagnosable substance use disorder
_____ Refused	_____ Serious mental illness
_____ Yes	_____ Developmental disability
	_____ Chronic physical illness or disability

*Head:

_____ Yes _____ No

*Relation to Head:

_____ Self	_____ Sibling
_____ Spouse	_____ Friend
_____ Parent	_____ Grandparent
	_____ Adult Child

* Move In: _____ / _____ / _____ Move Out: _____ / _____ / _____



Client Face Sheet

ADULT #3:

*First Name: _____ *Last Name: _____

*Birthdate: _____ / _____ / _____

*Gender: _____

*Ethnicity: _____

Veteran: _____

SSN: _____

Male

Hispanic/Latino

Yes

Female

Non-Hispanic/Non-Latino

No

*Race:

_____ American Indian or Alaskan Native

_____ Black or African-American

_____ White

_____ Asian

_____ Native Hawaiian

_____ or Other Pacific Islander

Special Needs:

_____ Mental Illness

_____ Drug Abuse

_____ MRDD

_____ Domestic Violence

_____ Alcohol Abuse

_____ HIV/AIDS

_____ Physical Disability

Monthly Income Sources at Admission:

_____ Earned Income: \$ _____

_____ SSI: \$ _____

_____ Veteran's Disability Payment: \$ _____

_____ Worker's Compensation: \$ _____

_____ General Public Assistance: \$ _____

_____ Veteran's Pension: \$ _____

_____ Child Support: \$ _____

_____ Other: \$ _____

_____ Unemployment benefits: \$ _____

_____ SSDI: \$ _____

_____ Private Disability Insurance: \$ _____

_____ TANF: \$ _____

_____ Retirement from SSA: \$ _____

_____ Pension from a former job: \$ _____

_____ Alimony or other spousal support: \$ _____

_____ None

Residence Prior to Program Entry:

_____ Emergency shelter (including a youth shelter, or hotel, motel,
or campground paid for with emergency shelter voucher)

_____ Transitional housing for homeless persons (including homeless youth)

_____ Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO mod rehab)

_____ Psychiatric hospital or other psychiatric facility

_____ Substance abuse treatment facility or detox center

_____ Hospital (non-psychiatric)

_____ Jail, prison, or juvenile detention facility

_____ Room, apartment, or house that you rent

_____ Apartment or house that you own

_____ Staying or living in a family member's room, apartment, or house

_____ Staying or living in a friend's room, apartment, or house

_____ Hotel or motel paid for without emergency shelter voucher

_____ Foster care home or foster care group home

_____ Place not meant for habitation (e.g. vehicle, abandoned building,
bus/train station or anywhere outside)

_____ Other

_____ Don't Know

_____ Refused

Disabling Condition:

_____ No

_____ Yes: (Select One)

_____ Don't Know

_____ Refused

_____ Yes

_____ Diagnosable substance use disorder

_____ Serious mental illness

_____ Developmental disability

_____ Chronic physical illness or disability

*Head:

_____ Yes

_____ No

*Relation to Head:

_____ Self

_____ Spouse

_____ Parent

_____ Sibling

_____ Friend

_____ Grandparent

_____ Adult Child

* Move In: _____ / _____ / _____ Move Out: _____ / _____ / _____



Client Face Sheet

ADULT #4:

*First Name: _____ *Last Name: _____

*Birthdate: _____ / _____ / _____

*Gender: _____

*Ethnicity: _____

Veteran: _____

SSN: _____

_____ Male
_____ Female

_____ Hispanic/Latino
_____ Non-Hispanic/Non-Latino

_____ Yes
_____ No

*Race:

_____ American Indian or Alaskan Native
_____ Black or African-American
_____ White

_____ Asian
_____ Native Hawaiian
_____ or Other Pacific Islander

Special Needs:

_____ Mental Illness
_____ Drug Abuse
_____ MRDD
_____ Domestic Violence
_____ Alcohol Abuse
_____ HIV/AIDS
_____ Physical Disability

Monthly Income Sources at Admission:

_____ Earned Income: \$ _____
_____ SSI: \$ _____
_____ Veteran's Disability Payment: \$ _____
_____ Worker's Compensation: \$ _____
_____ General Public Assistance: \$ _____
_____ Veteran's Pension: \$ _____
_____ Child Support: \$ _____
_____ Other: \$ _____
_____ Unemployment benefits: \$ _____
_____ SSDI: \$ _____
_____ Private Disability Insurance: \$ _____
_____ TANF: \$ _____
_____ Retirement from SSA: \$ _____
_____ Pension from a former job: \$ _____
_____ Alimony or other spousal support: \$ _____
_____ None

Residence Prior to Program Entry:

_____ Emergency shelter (including a youth shelter, or hotel, motel,
or campground paid for with emergency shelter voucher)
_____ Transitional housing for homeless persons (including homeless youth)
_____ Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO mod rehab)
_____ Psychiatric hospital or other psychiatric facility
_____ Substance abuse treatment facility or detox center
_____ Hospital (non-psychiatric)
_____ Jail, prison, or juvenile detention facility
_____ Room, apartment, or house that you rent
_____ Apartment or house that you own
_____ Staying or living in a family member's room, apartment, or house
_____ Staying or living in a friend's room, apartment, or house
_____ Hotel or motel paid for without emergency shelter voucher
_____ Foster care home or foster care group home
_____ Place not meant for habitation (e.g. vehicle, abandoned building,
bus/train station or anywhere outside)
_____ Other
_____ Don't Know
_____ Refused

Disabling Condition:

_____ No
_____ Don't Know
_____ Refused
_____ Yes
_____ Yes: (Select One)
_____ Diagnosable substance use disorder
_____ Serious mental illness
_____ Developmental disability
_____ Chronic physical illness or disability

*Head:

_____ Yes
_____ No

*Relation to Head:

_____ Self
_____ Spouse
_____ Parent
_____ Sibling
_____ Friend
_____ Grandparent
_____ Adult Child

* Move In: _____ / _____ / _____ Move Out: _____ / _____ / _____



Client Face Sheet

CHILD #2:

(Circle One: *Living In Household* OR *Not Living In Household*)

*First Name: _____ *Last Name: _____ Medicaid #: _____

*Birthdate: ____ / ____ / ____ *Gender: _____ *Ethnicity: _____

SSN: _____ Male _____ Hispanic/Latino
Female _____ Non-Hispanic/Non-Latino

*Race: _____ American Indian or Alaskan Native _____ Asian _____ Caregiver Name: _____
_____ Black or African-American _____ Native Hawaiian _____ Caregiver Relationship: _____
_____ White _____ or Other Pacific Islander

*Education Enrollment Status: _____ Yes _____ If Not Enrolled, Last Date of Enrollment [MM/YYYY]: ____ / ____ *Type of School: _____ Public School _____ Day Care
_____ No _____ Parochial or other private school _____ N/A

*Public School Level: _____ Pre-K _____ 4 _____ 9 _____ K _____ 5 _____ 10 _____ 1 _____ 6 _____ 11 _____ 2 _____ 7 _____ 12 _____ 3 _____ 8 _____ Other (i.e. Adult Education) _____
*Primary Nighttime Residence: _____ (for non-residential programs) _____ Shelters _____ Hotel/Motel
_____ Doubled Up _____ Other (Specify below): _____
_____ Unsheltered _____

*Barriers to Enrollment: _____ Eligibility for Homeless Services _____ None _____ School Records _____ School Selection _____ Transportation _____ Immunization or Other Medical Records _____ Other Enrollment Issues (Specify) _____ Residency Required _____ Birth Certificates _____ Legal Guardianship Requirements _____ Physical Examination Records _____
*Support Services Provided: _____ None _____ English Language Learners (ELL) _____ Vocational Education _____ Special Education (IDEA) _____ Gifted & Talented _____

Move In: ____ / ____ / ____ Move Out: ____ / ____ / ____



Client Face Sheet

CHILD #3:

(Circle One: *Living In Household* OR *Not Living In Household*)

*First Name: _____ *Last Name: _____ Medicaid #: _____

*Birthdate: ____ / ____ / ____ *Gender: _____ *Ethnicity: _____

SSN: _____ Male _____ Female _____
Hispanic/Latino _____ Non-Hispanic/Non-Latino _____

*Race: _____ American Indian or Alaskan Native _____ Asian _____
_____ Black or African-American _____ Native Hawaiian _____
_____ White _____ or Other Pacific Islander _____
Caregiver Name: _____
Caregiver Relationship: _____

*Education Enrollment Status: _____ Yes _____ No _____
If Not Enrolled, Last Date of Enrollment [MM/YYYY]: _____ / _____
*Type of School: _____ Public School _____ Day Care
_____ Parochial or other private school _____ N/A

*Public School Level: _____ Pre-K _____ 4 _____ 9
_____ K _____ 5 _____ 10
_____ 1 _____ 6 _____ 11
_____ 2 _____ 7 _____ 12
_____ 3 _____ 8 _____ Other (i.e. Adult Education) _____
*Primary Nighttime Residence: _____
(for non-residential programs) _____ Shelters _____ Hotel/Motel
_____ Doubled Up _____ Other (Specify below): _____
_____ Unsheltered _____

*Barriers to Enrollment: _____ Eligibility for Homeless Services _____ None _____
_____ School Records _____ School Selection _____
_____ Transportation _____ Immunization or Other Medical Records _____
_____ Other Enrollment Issues (Specify) _____ Residency Required _____
_____ Birth Certificates _____ Legal Guardianship Requirements _____
_____ Physical Examination Records _____
*Support Services Provided: _____ None _____
_____ English Language Learners (ELL) _____
_____ Vocational Education _____
_____ Special Education (IDEA) _____
_____ Gifted & Talented _____

Move In: ____ / ____ / _____ Move Out: ____ / ____ / _____



Client Face Sheet

CHILD #4:

(Circle One: *Living In Household* OR *Not Living In Household*)

*First Name: _____ *Last Name: _____ Medicaid #: _____

*Birthdate: ____ / ____ / ____ *Gender: _____ *Ethnicity: _____

SSN: _____ Male _____ Hispanic/Latino
Female _____ Non-Hispanic/Non-Latino

*Race: _____ American Indian or Alaskan Native _____ Asian _____ Caregiver Name: _____
_____ Black or African-American _____ Native Hawaiian _____ Caregiver Relationship: _____
_____ White _____ or Other Pacific Islander

*Education Enrollment Status: _____ Yes _____ If Not Enrolled, Last Date of Enrollment [MM/YYYY]: ____ / ____ *Type of School: _____ Public School _____ Day Care
_____ No _____ Parochial or other private school _____ N/A

*Public School Level: _____ Pre-K _____ 4 _____ 9 _____ K _____ 5 _____ 10 _____ 1 _____ 6 _____ 11 _____ 2 _____ 7 _____ 12 _____ 3 _____ 8 _____ Other (i.e. Adult Education) _____
*Primary Nighttime Residence: _____ (for non-residential programs) _____ Shelters _____ Hotel/Motel
_____ Doubled Up _____ Other (Specify below): _____
_____ Unsheltered _____

*Barriers to Enrollment: _____ Eligibility for Homeless Services _____ None _____ School Records _____ School Selection _____ Transportation _____ Immunization or Other Medical Records _____ Other Enrollment Issues (Specify) _____ Residency Required _____ Birth Certificates _____ Legal Guardianship Requirements _____ Physical Examination Records _____
*Support Services Provided: _____ None _____ English Language Learners (ELL) _____ Vocational Education _____ Special Education (IDEA) _____ Gifted & Talented _____

Move In: ____ / ____ / ____ Move Out: ____ / ____ / ____