

OPPORTUNITIES CONSUMER INTAKE FORM

Rev 3/5/15

Consumer Name: _____ SS#: _____
(Person Receiving Service)

HOUSEHOLD INFORMATION: County: _____

Address: _____ Phone #: _____
(Mailing Address)
 _____ Cell #: _____
(City, State, Zip)
 _____ E-Mail: _____
(911 Address - If Different)

SOURCE OF INCOME	
<small>(Circle All That Apply)</small>	
None	General Assistance
TANF	Unemployment Insurance
SSI	Employment & Other Sources
Social Security	Employment Only
Pension	Other: _____
AMOUNT OF GROSS INCOME: _____	
<small>(Circle One: weekly, bi-weekly, monthly, yearly)</small>	

HOUSEHOLD TYPE	
<small>(Circle One)</small>	
Single Parent/Female	<input type="checkbox"/> Owns
Single Parent/Male	<input type="checkbox"/> Rents
2 Parent Household	<input type="checkbox"/> Homeless
Single Person	<input type="checkbox"/> Other
2 Adults/No Children	
Other: _____	

Other Programs Receiving: (List dollar amounts if applicable)

Name	Gender	Relationship	DOB	Age	Race	Ethnicity	Education	Disabled	Has Ins.
		Self							

Race: 1) White; 2) Black or African American; 3) Multi-Race; 4) Other; 5) American Indian & Alaska Native; 6) Native Hawaiian & Other Pacific Islander
 Ethnicity: 1) Hispanic or Latin; 2) Not Hispanic or Latin
 Education: A) 0-8; B) 9-12 (Non Graduate); C) High School Graduate; D) 12+ post-secondary; E) College

At Opportunities, we respect your privacy and commit to protecting your identity. We will speak with outside contacts only with your consent, with the exceptions of (1) required reporting of suspected child abuse/neglect, (2) responding to legal subpoenas, and (3) required reporting instances of danger to self and/or others. Please contact the agency if you have questions about this policy.

Program: _____ Referred To: _____ Date: _____ Worker's Initials: _____

Non-Residential

In case of emergency, contact: _____ Phone: _____

Crime:

Date of crime: _____ Place of incident: _____

Do you have injuries? _____

Hospital Attended? _____

Were the police contacted? _____ When: _____ What department? Village Sheriff Trooper

Who was the responding Officer? _____

Is there a current Order of Protection? _____ Type: Family Court Order / Criminal Order

Perpetrator's Information:

Name: _____

Address: _____

Height: _____

Eyes: _____

Build: _____

S M L

Hair: _____ Identifying Marks: _____

Vehicle Make/Model: _____

Color: _____

Year: _____