



Intake Form - Housed

Client Information

Full Name _____ Date of Birth ___/___/___

Gender F M Other _____ Race _____

Address _____
Street City State Zip Code

Phone _____ Email _____

Household Information

There are no other members of my household. (Continue to next section.)

LIST ALL MEMBERS OF YOUR HOUSEHOLD

Full Name _____ Relationship _____

Date of Birth ___/___/___ Gender F M Other _____ Race _____

Full Name _____ Relationship _____

Date of Birth ___/___/___ Gender F M Other _____ Race _____

Full Name _____ Relationship _____

Date of Birth ___/___/___ Gender F M Other _____ Race _____

Assessment Questions

Are you a veteran? Yes No

Have you been diagnosed with a disabling condition? Yes No

What is your housing situation?

Rent Own Staying with family/friends Treatment Facility or Temporary Housing
Describe _____

Is your housing subsidized? Yes No

How long have you lived at your current residence? _____

How would you describe your housing status? Stable Unstable (In danger of losing housing.)

Financial Assessment

List all sources of income. *Documentation must be provided for all income sources before you can receive services.*

EARNED INCOME	\$	/MONTH
FAMILY/FRIENDS SUPPORT	\$	/MONTH
FOODSTAMPS/CALFRESH	\$	/MONTH
GENERAL RELIEF	\$	/MONTH
SOCIAL SECURITY INCOME	\$	/MONTH
CHILD SUPPORT	\$	/MONTH
OTHER:	\$	/MONTH

Services

What services are you interested in? (Check all that apply.)

- Groceries from BTAc's Food Pantry
- Laundry
- Rental Assistance
- Utility Assistance
- Refrigerator Exchange
- Other: _____

Attach completed Intake Form and provide the following for your household.

- Proof of Identification (ID's, birth certificates, passports)
- Proof of Income (bank statements, benefit statements, etc.)
- Proof of Residence in Burbank (utility bill or rental agreement)

OFFICE USE ONLY Intake performed by _____ on ___ / ___ / ___