**CARE INC Case #**

**(920) 659-0670**

[**careindfdl@gmail.com**](mailto:careindfdl@gmail.com)

[**http://fdlcareinc.org**](http://fdlcareinc.org)

**Intake Form**

Date/ time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Name: Phone number:

Address:

E-mail Address:

Date of Birth: Last 4 Digits of SS#: Veteran? Yes No

Religious affiliation:

Type and amount of assistance needed (e.g., rent, moving, medical equipment)

Situation/ Reason assistance is needed:

Other members of household and employment status:

Date assistance is needed:

What other agencies have they contacted/results?

Action Taken:

Referrer: Phone: Email:

**Action Taken**

Date: Time:

Notes:

**Permission** given to share information with Care INC: Verbal Yes No

\* Note: Inform person that permission gives consent to Care INC to share information with network of donors/volunteers to try and find necessary assistance.