

CARE INC
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<http://fdlcareinc.org>

Case # _____



Intake Form

Date/ time: _____

Permission given to share information with Care INC: Verbal: Yes _____ No _____
Client signature: _____

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

Client 's Full Name: _____ Phone number: _____

Address: _____

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

E-mail Address: _____ Religious affiliation: _____

Client's Income (all sources) \$ _____ Employer: _____

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

How much will client be contributing: _____ Balance needed: _____

For rent, mortgage and utility assistance, list payee name, address, phone #, & account # (utilities)

Situation/ Reason assistance is needed: _____

List other members of household and their income(s) (include child support, disability, etc.): _____

What other agencies have they contacted and/results? _____

Date assistance is needed: _____

Referrer: _____ Phone: _____ Email: _____