



A Good Start

Client Intake Information

Date: _____

Name: _____

Age: _____ Birth Date: _____

Phone: _____ Email: _____

ID Card:

SS card:

Agency that works with you: _____

Name of Contact _____

Vet:

Income

Working:

DOC Housing Voucher

HARP Funding

SSI:

SSDI:

Other:

Healthcare

Medicaid:

State Health:

Other:

Any Mental Health services or medication in the past or present? Please list.

Any Chemical dependency past or present ? _____

Do you receive services? Where?: _____

Housing history

Times you lost housing and why: _____

Debt or LFOs: _____

Anything else:

Incarceration or Arrest history

Any charges pending:

Charge _____
County _____ Status _____

Charge _____
County _____ Status _____

DOC Number _____

Are you working with any other organization or case managers? Are they helping with resources?

Work history

Are you working or looking for work? _____

Type? _____

Do you plan on attending school or training ? _____

What type of education? _____

What should we know about you to assist you?

Emergency Contacts/Family or friends

1. Name: _____ 2. Name: _____

Relation: _____ Relation: _____

Address: _____ Address: _____

Phone number: _____ Phone number: _____

Resident Signature _____

Counselor Signature _____

Contact: info@agoodstart-us.org
714-455-3210