



Yad Ezra Client Intake Form

Today's Date: _____

Client: Last name _____ First _____ Middle _____ social security number _____/_____/____ date of birth _____/_____/_____

Spouse: last name _____ First _____ Middle _____ social security number _____/_____/____ date of birth _____/_____/_____

Address: _____ number and street _____ () _____ () _____ telephone (h) telephone (cell)

_____ city/state/zip _____ passport, driver's license number or other identification

Dependents in Household: Full Name	social security number	Birth date	gender m/f

Own home? _____ How Long? _____ Renting home? _____ How Long? _____

Major Monthly Expenses:

Rent/house payment: _____ Car payments: _____

Other/Emergency: _____

Are you receiving any income? Yes _____ No _____

Employer Name: _____

Contact Name: _____ Contact Phone: _____

If unemployed, how long? _____

Monthly income: Amount:

wages (gross)	\$	DHS	\$
SS	\$	WIC	\$
SSI	\$	food stamps (SNAP)	\$
SSD	\$	unemployment	\$
child support	\$	other	\$
pension	\$	other	\$

Check agencies that provide services to client:

Jewish Family Service Focus Hope HUD Housing Medicare Housing Assistance
Kadima ORT Hebrew Free Loan Jewish Apartments and Services JVS
Other _____

Are you a U.S. Citizen? yes _____ no _____ religion _____

Are you a permanent resident? yes _____ no _____

The following questions are for non-citizens only:

When did you arrive in this country? _____

What country are you from? _____

How many people are living with you in the same household? _____

Do you have other family in the U.S.? yes _____ no _____

Referred from: _____ Social Worker: _____

Medical Needs: _____ Dietary Restrictions: _____

Food Delivery Needed? yes _____ no _____

One Time Only: yes _____ no _____

Comments:

Client signature _____ date _____

Yad Ezra Worker _____ date _____

Date entered: _____