



(To be filled out by Client)

Client Intake Form

PLEASE PRINT

Date _____

Client # _____

Applicant

Other Adult (if applicable)

Last Name _____

Last Name _____

First Name _____

First Name _____

Address _____

State ID or License # _____

City _____ County _____

Date of Birth _____

Zip Code _____

Male _____ Female _____

State ID or License# _____

Children and Others in Household

Date of Birth _____

Name _____ Birth Date _____

Male Female _____

Total Household Income _____

Telephone # _____

What do you need?

NOTICE: The Salvation Army is authorized to verify the information I have provided. Information may be shared with other agencies if needed for the purpose of obtaining assistance. If further information is disclosed, TSA reserves the right to re-evaluate our pledge of assistance.

Signature _____