



Jodi Negrete
Saul Negrete
infocasajoliskafoundation@gmail.com
www.casajoliskafoundation.org

Client Intake Information

Name: _____
Date: _____
E-mail: _____
Agency affiliation: _____
Birth Date: _____ Last 4 of SS#: _____
Age: _____
Vet:
Phone: _____
Email: _____
ID Card:
SS card:

Income

Working:
DOC Housing Voucher
SSI:
SSDI:
Other:

Healthcare

Medicaid:

Both:
Other:

Any Mental Health past or present and do you receive services: _____

Any Chemical dependency past or present and do you receive services: _____

Barriers to housing

Eviction: _____

Debt: _____
Other: _____

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 school or training and what type of training: _____

What should we know about you to assist you? Please feel free to write below in the comments area. If you need more space please use other side of paper.



Emergency
Contacts/Family or
Friends

1. Name: _____
Relation: _____
Address: _____
Phone Number: _____

2. Name: _____
Relation: _____
Address: _____
Phone Number: _____

Comments:

Staff Signature _____ Date: _____ Resident Signature _____ Date: _____

*** Do you have any allergies? _____