



Orcas Community Resource Center - Client Intake

| | | | |
|---|--|------------------|--------------------|
| Date: | | Staff Initials: | |
| Client Name: | | Preferred Name: | |
| Cell Phone: | | Other Phone: | |
| Physical Address: | | Mailing Address: | |
| Email: | | | |
| Emergency Contact Name & Number: | | | |
| Preferred Method of Contact phone email text | | | |
| Date of Birth: | | Age: | Gender: |
| Race: | | Ethnicity: | Preferred Pronoun: |
| Primary Language: | | | Veteran? |
| Highest Level of Education: | | | Disabled? |

| |
|--|
| <i>Whom may we thank for the referral?</i> |
| <i>What brings you to the Resource Center today?</i> |

| | | | | | |
|---|--------------------------------------|--------------------------------|------------------|------------------------|-----------------------|
| Have you sought out assistance previously from OCRC or any other local agencies? | | | | | |
| Food Bank | Dental Van | Lions Club | | | |
| Senior Center | Safe San Juans | Veterans Assistance | | | |
| DSHS | Rental Assistance | OPALCO (ProjectPal) | | | |
| Community Wellness Program (CWP) | TVP (transportation voucher program) | OPALCO (Energy Assist Program) | | | |
| | | Emergency Assistance | | | |
| | | Other | | | |
| Current Housing: | Own | Rent | Homeless | Temporary | Roomer/Boarder |
| <i>If other, please explain:</i> | | | | | |
| Monthly Mortgage Payment/Rent: \$ | | | | | |
| How do you heat your home? | Electric | Propane | Wood | | |
| Health Insurance: | Medicaid | Medicare | Uninsured | Other Insurance | |
| <i>If other insurance, please list insurance carrier:</i> | | | | | |

Employment Status: **Full Time** **Part Time** **Unemployed** **Retired** **Disability**

If employed, please list employer:

| HOUSEHOLD MEMBERS | # Adults | | # Children | # Total | |
|--------------------------|-----------------|--------------|-------------------|----------------|----------|
| Name | Gender | Relationship | DOB | Insured | Disabled |
| Name | Gender | Relationship | DOB | Insured | Disabled |
| Name | Gender | Relationship | DOB | Insured | Disabled |
| Name | Gender | Relationship | DOB | Insured | Disabled |
| Name | Gender | Relationship | DOB | Insured | Disabled |
| Name | Gender | Relationship | DOB | Insured | Disabled |

| GROSS MONTHLY INCOME (list all household members' earnings) | | HOUSEHOLD TOTAL |
|--|---------------------------|------------------------|
| Name | Source of Income & Amount | Total |
| Name | Source of Income & Amount | Total |
| Name | Source of Income & Amount | Total |
| Name | Source of Income & Amount | Total |
| Name | Source of Income & Amount | Total |
| Name | Source of Income & Amount | Total |
| Name | Source of Income & Amount | Total |

| SUPPORT NETWORK (extended family, friend, pastor, sponsor, etc.) | | |
|---|--------------|-------|
| Name | Relationship | Phone |
| Name | Relationship | Phone |
| Name | Relationship | Phone |
| Name | Relationship | Phone |
| Name | Relationship | Phone |

My signature below indicates that all of the information on this form is both true and accurate. OCRC may use this information to determine eligibility for programs and benefits as well as provide data to determine local, county, and state program needs. OCRC may transfer the information contained within this document to their private database. OCRC will not use the information contained in this application for any other reason without my written consent.

Client Signature

date

OCRC Staff Notes: