



NEW CLIENT INTAKE FORM

DATE:

NAME:

IF 2ND ADULT PLEASE LIST:

CHILDREN First name, age:

ADDRESS:

PHONE NUMBER:

EMAIL:

SSN OR DL#:

ETHNICITY:

MARITAL STATUS:

HOUSEHOLD COMP.

EMPLOYMENT STATUS

Employed: Check one

Yes

No:

Employer:

Location:

Monthly Salary:

PLEASE BRIEFLY DESCRIBE YOUR  
TRAGEDY/NEED

DOCUMENTATION PROVIDED?

YES  NO

**CAIRES HOUSE FOUNDATION**

[WWW.CAIRESHOUSE.ORG](http://WWW.CAIRESHOUSE.ORG)

(P) 253.227.6744

(E) [caires.house.foundation@gmail.com](mailto:caires.house.foundation@gmail.com)