



United Board of Missions CLIENT INFORMATION

Client: _____ **ID** _____

Date: _____ Age: _____ DOB: _____ Gender: _____ Race: _____ Hisp: Y or N

Have you received assistance from Community Care Prayer Outreach? Y or N

Other assistance in last 12 mo.: _____

Telephone _____ Who referred you to the UBM? _____

Client email: _____

Home Address: _____ City _____ Zip _____

Different mailing address: _____

HISTORY: Retired? Y or N Veteran or Active Duty: Y or N Receive Disability? Y or N
Homeless? Y or N Residence: Rent or Own Education Completed: _____

Employment? Part or Fulltime **Where:** _____ # hrs _____

No, last date of employment? _____ Registered with TWC? Y or N

Why not or looking for work? _____

Marital Status: _____ Church affiliation? _____

2nd ADULT: Name _____ Relationship _____ Telephone _____

Age: _____ DOB: _____ Gender: _____ Race: _____ Hisp: Y or N Education Completed: _____

Employed? Part-time Full-time Where? _____ Reg. w/TWC: Y or N

No: Last date of Emp.? _____ Why? _____

VOLUNTEER conducting intake: _____

HOUSEHOLD INFORMATION

Children Under 18 living in the household

CHILD 1: _____ Relationship: _____ DOB: ____/____/____ Age: _____ Doc: Y or N
Gender: _____ Race: _____ Hisp: Y or N Grade: _____ Disabled: Y or N Receives: SSI or Disability

CHILD 2: _____ Relationship: _____ DOB: ____/____/____ Age: _____ Doc: Y or N
Gender: _____ Race: _____ Hisp: Y or N Grade: _____ Disabled: Y or N Receives: SSI or Disability

CHILD 3: _____ Relationship: _____ DOB: ____/____/____ Age: _____ Doc: Y or N
Gender: _____ Race: _____ Hisp: Y or N Grade: _____ Disabled: Y or N Receives: SSI or Disability

CHILD 4: _____ Relationship: _____ DOB: ____/____/____ Age: _____ Doc: Y or N
Gender: _____ Race: _____ Hisp: Y or N Grade: _____ Disabled: Y or N Receives: SSI or Disability

Adults Over 18 living in the household

NAME: _____ Relationship: _____ DOB: ____/____/____ Age: _____ Doc: Y or N
Race: _____ Hisp: Y or N Grade Completed? _____ Enrolled college/TWC _____

Job: _____ PT/FT Hrs. _____ Income _____

No: Last date of emp.? _____ Why? _____

SERVICES REQUESTED: Food _____ Clothing _____ Rent _____ Utility _____ Medication _____ Transportation _____ Other _____
