



## HIGHER STANDARDS FOUNDATION INTAKE FORM

**Please note: Higher Standards is an organization that assist individuals with receiving assistance through a variety of sources. There are no guarantees that Higher Standards Foundation, Inc. can promise any success during the longevity of the services rendered.**

Date of Referral:	Referral Source:	Phone Number:
Client Last Name:	Client First Name and Middle Initial :	HSF Representative:

### PART 1 CLIENT DEMOGRAPHICS

Client Date of Birth	_____ Male _____ Female	County:
*Parent/Guardian	Home Phone (    )       - Work Number(    )       -	Alternative Phone (    )       -
Mailing Address:	City/Zip:	Street Address:
Language Preference	Interpreter Needed ___Yes ___No	

### PART 2 NEED FOR REFERRAL

Reason for Referral Services:		
___ Health	___ Community Service Hours	___ legal
___ Employment	___ Housing	___ Other( Explain below)
___ Counseling	___ Food	
___ Education	___ Youth Services	
___ Criminal Background clearance		
Comments:		

Is the Client Receiving Assistance with any other agency: \_\_\_Yes \_\_\_No

Name of other service Provider:

- \_\_\_ Client does not desire/does not need referral services  
 \_\_\_ Currently Receiving Referral Services  
 \_\_\_ Requires Limited Services    \_\_\_ Client was referred to an alternative agency

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

HSF Representative Signature \_\_\_\_\_ Date \_\_\_\_\_