

# Nonprofit Client Intake Form

## CLIENT INFORMATION

TODAY'S DATE		INTAKE STAFF NAME	
FULL NAME (CLIENT)		DATE OF BIRTH	
GENDER IDENTITY	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other: _____		
PREFERRED LANGUAGE		EMAIL	
PRIMARY PHONE		ALTERNATE PHONE	
MAILING ADDRESS			
HOUSING STATUS	<input type="checkbox"/> Stable <input type="checkbox"/> Temporary <input type="checkbox"/> Homeless <input type="checkbox"/> Other: _____		
HOUSEHOLD SIZE	Adults: ____ Children: ____		

## EMERGENCY CONTACT

EMERGENCY CONTACT NAME	
EMERGENCY CONTACT PHONE	
RELATIONSHIP TO CLIENT	

## DEMOGRAPHICS

RACE/ETHNICITY	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other: _____		
VETERAN STATUS	<input type="checkbox"/> Yes <input type="checkbox"/> No	DISABILITY STATUS	<input type="checkbox"/> Yes <input type="checkbox"/> No
IMMIGRATION STATUS	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Undocumented <input type="checkbox"/> Refugee/Asylee		
PRIMARY INCOME	<input type="checkbox"/> Employment <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> None <input type="checkbox"/> Other: _____		
MONTHLY HOUSEHOLD INCOME	\$ _____		

## ELIGIBILITY CHECKLIST

Eligibility Criteria	Yes	No	Comments
Meets income requirements	<input type="checkbox"/>	<input type="checkbox"/>	
Lives within service area	<input type="checkbox"/>	<input type="checkbox"/>	
Provides necessary documentation	<input type="checkbox"/>	<input type="checkbox"/>	
Meets program-specific criteria	<input type="checkbox"/>	<input type="checkbox"/>	

## NEEDS ASSESSMENT

Area of Need	Urgent	Somewhat Urgent	Not Urgent	Notes
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Employment Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Education/Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Healthcare Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mental Health / Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Legal Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I consent to being contacted for follow-up services, program updates, and community resources.

## ADDITIONAL NOTES & NEXT STEPS

CLIENT GOALS (SHORT-TERM/LONG-TERM)	
REFERRALS MADE	<input type="checkbox"/> Housing <input type="checkbox"/> Food Bank <input type="checkbox"/> Job Center <input type="checkbox"/> Health Clinic <input type="checkbox"/> Legal Aid <input type="checkbox"/> Other: _____
REFERRAL NOTES / CASE MANAGER (IF APPLICABLE)	
FOLLOW-UP DATE	

## CONSENT & CONFIDENTIALITY AUTHORIZATION

I understand that the information I provide on this form is collected by The Global Village Foundation for this purpose of determining eligibility for programs, services, and referrals. I acknowledge and agree that:

- My information will be kept confidential in accordance with applicable New York State and federal privacy laws.
- My information may be shared with authorized staff, program partners, or referral agencies only as necessary to coordinate services and support my needs.
- I am providing this information voluntarily and may decline to answer any question, though doing so may affect eligibility for certain services.
- I may request access to or correction of my information at any time, in accordance with applicable laws.

I consent to the use of my information for program administration, case management, and reporting purposes, including anonymized data for funding and evaluation.

\_\_\_\_\_  
Client Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Name

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date



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## YOUTH PARTICIPATION & PARENTAL CONSENT

### For Participants Under 18 Years of Age

I, the undersigned parent or legal guardian, give permission for my child to participate in programs and services offered by The Global Village Foundation, including the Development Inspires Generations (D.I.G.) program.

I understand and acknowledge that:

- My child will participate in activities that may include mentorship, educational workshops, life skills training, community engagement, and related programming.
- I authorize The Global Village Foundation staff and authorize volunteers to supervise my child during program activities.
- I understand that all reasonable efforts will be made to ensure a safe and supportive environment.

I consent to receive program updates, schedules, and important communications via phone, text, or email.

## MEDICAL & EMERGENCY AUTHORIZATION

In the event of an emergency, I authorize The Global Village Foundation to:

- Contact me immediately using the information provided
- Seek appropriate medical attention for my child if I cannot be reached in a timely manner

I understand that I am responsible for any medical expenses incurred.

## PHOTO, VIDEO & MEDIA RELEASE

Please Select One Option

I give permission for my child to be photographed, recorded, or included in media for program documentation, promotional materials, and community outreach.

Yes No

I do **not** give permission for my child to be photographed or recorded.

## EXPECTATIONS & AGREEMENT

I understand that:

- My child is expected to participate respectfully and follow program guidelines
- The Global Village Foundation reserves the right to remove participants for behavior that is unsafe or disruptive
- I may withdraw my child from the program at any time with written notice

Youth Participant Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

Emergency Contact Name (if different): \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Emergency Relationship: \_\_\_\_\_