



# Catholic Charities of Eastern Virginia, Inc. - Client Intake Form

Date: \_\_\_\_\_ Reason for Visit: \_\_\_\_\_

Client Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_  Home  Work  Cell  Other

Secondary Phone#: ( ) \_\_\_\_\_ - \_\_\_\_\_  Home  Work  Cell  Other

E-mail Address: \_\_\_\_\_

Total Number of People in Household: \_\_\_\_\_ Total Annual Household Income (Gross) \$ \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced  Widowed

How were you referred to us? \_\_\_\_\_

## Demographics *(Please complete for statistical purposes only)*

Gender:  Male  Female

Religion:  Catholic  Non-Catholic

Race:  African-American  Asian  Caucasian  Hispanic  
 Native American  Other

U.S Citizen:  Yes  No

Military Status:  Active Duty  Retired  Veteran  Non-applicable

Employment Status:  Employed  Unemployed  Retired  Receiving Disability

## Emergency Contact Information

Primary Emergency Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Secondary Emergency Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

## Other Services Requested *(Please note if you're interested in information on any of the following):*

### Adult & Senior Care

- Community Assistance and Resources for Seniors
- Pharmacy Connection
- Power-of-Attorney
- Representative Payee

Respite Care

Education Courses

Clinical Counseling

Domestic Violence

Intervention Program

Family Counseling

Individual Counseling

Marriage / Couples

Counseling

# **CCEVA Catholic Charities of Eastern Virginia, Inc. - Client Intake Form**

- Support Groups

## **Financial & Housing Counseling**

- Credit Counseling
- Debt Counseling
- Emergency Financial Services
- Money Management
- Mortgage Foreclosure Counseling

## **Youth & Family Services**

- Adoption
- Care Center Clothing
- Children's Health Insurance Program (CHIP)
- Foster Care
- Kinship Care
- Mentoring
- Pregnancy Support
- Post Adoption