

INTAKE FORM

Name: _____ Soc. Sec. No.: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____

Birthdate: _____ Age: _____ Race: _____ Sex: _____

No. of adults in home: _____ No. of children: _____ US Citizen: Yes _____ No _____

	Household Members (names)	Relationship	Age
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Others (specify): _____

Income Determination

Do you get food stamps? _____

	Client's Wages	Spouse's Wages	Others Wages	Others Wages
Hourly Rate	\$ _____	\$ _____	\$ _____	\$ _____
Hours/week	x _____	x _____	x _____	x _____
	X 4.33	x 4.33	4.33	4.33
TOTAL	\$ _____	\$ _____	\$ _____	\$ _____

NOTE: Multiply weekly wages by 4.33 to get monthly wages; multiply bi-weekly wages by 2.17 to get monthly wages.

Income Sources:

Household's wages	_____	Social Security Disability	_____
SSI	_____	Unemployment Comp.	_____
Child Support	_____	Pension/Retirement	_____
Family Assistance	_____	Veteran's Benefits	_____
Other Income	_____	Total Gross Income	_____

ASSETS – NET VALUE

Does anyone in your house have any bank accounts, cars, land, or other valuable property? _____

If so, list each item and its value: _____

IF GROSS MONTHLY INCOME IS OVER MAXIMUM 200% CLIENT IS NOT ELIGIBLE

IF MONTHLY GROSS INCOME IS BETWEEN 125% AND 200% USE BACK OF PAGE FOR DEDUCTIONS

Over-Income Deductions

Deductions Fixed Expenses

Child Support (Paid) _____
Alimony (paid) _____
Work Related Child Care _____
Mortgage on Home _____
Rent _____
Car Payment (work related) _____
Car Insurance (work related) _____
TOTAL DEDUCTIONS _____

Note: Work Related expenses can only be claimed if the client is working or seeking employment.

Total Gross Income _____
(From front page)
Less Total Deductions - _____
TOTAL ADJUSTED INCOME = _____

Clients must have gross income below 200% of the poverty guidelines and income after deductions of factors must be at or below 125% of poverty rate. Clients with income between 125% and 200% after deductions can be approved for service after a review of factors by the clinic coordinator.

Number in Family	Monthly Income Limit (125% of Poverty Level)	Maximum Gross Income (200% of Poverty Level)
1	\$1,128.17	\$1,805.00
2	\$1,517.75	\$2,428.33
3	\$1,907.33	\$3,051.67
4	\$2,296.92	\$3,675.00
5	\$2,686.50	\$4,298.33
6	\$3,076.08	\$4,921.67
7	\$3,465.67	\$5,545.00
8	\$3,855.25	\$6,168.33
Each Additional	Add \$389.58	\$623.33

INTAKE NOTES

Legal Problem: _____ Adverse Party: _____

What other lawyers have you seen about this problem? _____

Referral Source: _____

NOTES
