

**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	_____	<b>Total Gross Income</b>	_____

**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** = \_\_\_\_\_

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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

Legal Problem: \_\_\_\_\_ Adverse Party: \_\_\_\_\_

What other lawyers have you seen about this problem? \_\_\_\_\_

Referral Source: \_\_\_\_\_

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