

# CRN Intake Form

Date:      /      /       
mm / dd / yyyy

SP# : \_\_\_\_\_  
Primary Client

## Client Information

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(First) (Middle) (Last) mm / dd / yyyy

**Social Security No.:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Gender:** Male Female Transgender **Ethnicity:** Hispanic Yes / No

**Race:** African American Alaskan Native American Indian Asian Pacific Islander White Other: \_\_\_\_\_

**Address:** \_\_\_\_\_ **Apt/Unit #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## Demographics and Housing

Area Code 123 4567

**U.S. Citizen:** Yes No **Marital Status:** Married Single Widowed Divorced Separated **Veteran:** Yes No

**Domestic Violence victim/survivor:** Yes No **Disability Status:** Yes No **If disabled, for how long:** \_\_\_\_\_  
**If disabled, what type:** Physical Mental Medical Substance Abuse Dual Diagnosis

**Housing Status:** Homeless Imminently losing house Unstably house Stably housed

**Duration of housing status:** \_\_\_\_\_ day(s) / week(s) / month(s) / year(s)

**Type of Living Situation:** Own Renting **Subsidy:** Yes No  
 Other: \_\_\_\_\_

**If Homeless, how many times in the past 3 years:** \_\_\_\_\_

**Income:** Yes No **If yes, monthly amount:** \_\_\_\_\_

**Receive Food Stamps:** Yes No **If yes, monthly amount:** \_\_\_\_\_



## Other Household Members

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Relationship:** \_\_\_\_\_

**Social Security No.:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Gender:** Male Female Transgender **Ethnicity:** Hispanic Yes / No

**Race:** \_\_\_\_\_ **U.S. Citizen:** Yes No **Income:** \_\_\_\_\_ / month **Income Type:** \_\_\_\_\_

**Veteran:** Yes No **Disability Status:** Yes No **If yes, for how long:** \_\_\_\_\_ **type:** \_\_\_\_\_

---

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Relationship:** \_\_\_\_\_

**Social Security No.:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Gender:** Male Female Transgender **Ethnicity:** Hispanic Yes / No

**Race:** \_\_\_\_\_ **U.S. Citizen:** Yes No **Income:** \_\_\_\_\_ / month **Income Type:** \_\_\_\_\_

**Veteran:** Yes No **Disability Status:** Yes No **If yes, for how long:** \_\_\_\_\_ **type:** \_\_\_\_\_

---

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Relationship:** \_\_\_\_\_

**Social Security No.:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Gender:** Male Female Transgender **Ethnicity:** Hispanic Yes / No

**Race:** \_\_\_\_\_ **U.S. Citizen:** Yes No **Income:** \_\_\_\_\_ / month **Income Type:** \_\_\_\_\_

**Veteran:** Yes No **Disability Status:** Yes No **If yes, for how long:** \_\_\_\_\_ **type:** \_\_\_\_\_

---

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Relationship:** \_\_\_\_\_

**Social Security No.:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Gender:** Male Female Transgender **Ethnicity:** Hispanic Yes / No

**Race:** \_\_\_\_\_ **U.S. Citizen:** Yes No **Income:** \_\_\_\_\_ / month **Income Type:** \_\_\_\_\_

**Veteran:** Yes No **Disability Status:** Yes No **If yes, for how long:** \_\_\_\_\_ **type:** \_\_\_\_\_

**Other Household Members**

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship: \_\_\_\_\_  
Social Security No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Gender: Male Female Transgender Ethnicity: Hispanic Yes / No  
Race: \_\_\_\_\_ U.S. Citizen: Yes No Income: \_\_\_\_\_ / month Income Type: \_\_\_\_\_  
Veteran: Yes No Disability Status: Yes No If yes, for how long: \_\_\_\_\_ type: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship: \_\_\_\_\_  
Social Security No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Gender: Male Female Transgender Ethnicity: Hispanic Yes / No  
Race: \_\_\_\_\_ U.S. Citizen: Yes No Income: \_\_\_\_\_ / month Income Type: \_\_\_\_\_  
Veteran: Yes No Disability Status: Yes No If yes, for how long: \_\_\_\_\_ type: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship: \_\_\_\_\_  
Social Security No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Gender: Male Female Transgender Ethnicity: Hispanic Yes / No  
Race: \_\_\_\_\_ U.S. Citizen: Yes No Income: \_\_\_\_\_ / month Income Type: \_\_\_\_\_  
Veteran: Yes No Disability Status: Yes No If yes, for how long: \_\_\_\_\_ type: \_\_\_\_\_

**Release of Information**

Client acknowledges use of and gives permission to this agency to use their personal information in the CRN (Community Resource Network)/ data base. No unaccompanied youth shall have an ROI unless they are 18 years of age or have consent of a parent/guardian. This Release of Information will be used for purposes of accessing services throughout Collier County. Client further testifies that all information given on this Intake Form is true and complete to the best of their knowledge.

I authorize as a CRN Member Agency, to share my basic identifying information and non-confidential service information with other CRN Member agencies. I authorize that a copy of this original will serve as an original for the purposes stated above. Unless I make a formal request to a CRN Member Agency that I no longer want to participate in the CRN, this release will remain enforce for 2 years from today signed date.

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

Intake Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\* Official Use Only \*\*\*\*\*

Staff Verification of I.D:  Yes  No

Food Stamp Verification:  Yes  No