



HopeNet Client Intake Form

Client Information:

Date: _____

First Name: _____ Middle: _____ Last: _____ Suffix: _____

Preferred Name/Nickname: _____ DOB: ____/____/____ Gender: ☐ M ☐ F

Guardian Name (if applicable): _____ *Please provide proof of guardianship when applicable*

Current Housing Situation: ☐ I own my own home ☐ I rent a home/apartment ☐ I am unhoused ☐ I live at a shelter
☐ I live with family ☐ I live with friends ☐ Other _____

Address: _____ Apt #: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Work phone #: _____ Email: _____

Appointment reminders and communication preferences: ☐ Primary phone ☐ Email ☐ No Notifications

Marital Status: ☐ Never Married ☐ Married ☐ Living Together ☐ Separate ☐ Divorced ☐ Widowed

Race: ☐ Asian ☐ Black/African American ☐ Caucasian ☐ Hispanic/Latino ☐ Middle Eastern
☐ Native American ☐ Other: _____

Primary Language: _____ How did you hear about HopeNet?: _____

List names of individuals who will attend with you, if any: _____

Emergency Contact: Full Name: _____

Relationship to client: _____ Phone #: _____

Education, Employment and Income Information:

Level of Education: ☐ No High School Diploma ☐ High School Diploma ☐ Vocational Training ☐ Some College
☐ Associates Degree ☐ Bachelor's Degree ☐ Master's/Graduate Degree

Employment Status: ☐ Full-time ☐ Part-time ☐ Retired ☐ Homemaker ☐ Disabled ☐ Unemployed ☐ Student

Occupation (if applicable): _____ Employer: _____

Annual Income Level: ☐ \$ 0 – 11,999 ☐ \$ 12,000 – 14,999 ☐ \$ 15,000 – 19,999 ☐ \$ 20,000 – 24,999 ☐ \$ 25,000 – 29,999
☐ \$ 30,000 – 39,999 ☐ \$ 40,000 – 49,999 ☐ \$ 50,000 – 59,999 ☐ \$ 60,000 – 69,999 ☐ \$ 70,000 – 79,999 ☐ \$ 80,000 – 89,999 ☐ \$ 90,000 – 99,999 ☐ \$100,000- 149,999 ☐ \$150,000+

Insurance Plans:

Please disclose ALL insurance plans. You may be liable for full payment if information given is incorrect or incomplete.

☐ Please mark if you **do not** have insurance coverage at this time.

1) Primary Insurance: _____ Policy Holder Name: _____

ID #: _____ Group #: _____

Policy Holder Employer: _____ Policy Holder Date of birth: ____/____/____

2) Secondary Insurance: _____ Policy Holder Name: _____

ID #: _____ Group #: _____

Policy Holder Employer: _____ Policy Holder Date of birth: ____/____/____