



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: ____ / ____ / ____