



Catholic Charities
Fort Worth

Subject: Information and Referral

Fax: 817.289.3616
Email: hopecenter@ccdofw.org

Applies to: Hope Center

Parish Referral Form – Client Intake

Form Number: 2500-15
Effective: 2/1/16
Revision effective: 8/15/17
Reviewed:

Please fill out the following information completely

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ Zip Code: _____

Gender: _____ DOB: _____ Phone Number: _____

Primary Language: _____ Race/Ethnicity: _____

Marital Status: Married Single Divorced Separated Widowed

Household Information: # of Children: _____ # of Working Adults: _____

of Adults Not Working: _____ Are these adults willing and able to work? Yes No

Have you ever served in the military? Yes No If yes, which branch: _____

Is your immediate family member a veteran (parent or spouse)? Yes No

Source(s) of household income:

<input type="checkbox"/> Monthly Salary - \$	<input type="checkbox"/> Unemployment - \$	<input type="checkbox"/> Child Support - \$
<input type="checkbox"/> SSI - \$	<input type="checkbox"/> SSDI - \$ _____	<input type="checkbox"/> Food Stamps - \$ _____
<input type="checkbox"/> TANF - \$	<input type="checkbox"/> Retirement - \$	<input type="checkbox"/> Alimony - \$
<input type="checkbox"/> Worker's Comp. - \$	<input type="checkbox"/> Subsidized housing - \$	<input type="checkbox"/> Other - \$

Assistance and Services – Please check all that you are interested in

Employment Services Yes No
Counseling Services Yes No
Disaster Services Yes No

Financial Coaching Yes No
Immigration Services Yes No

Please explain in detail what you need assistance with today:

Client Consent

I certify (promise) that the information provided on this form is true and that I included all income. By signing, I also give permission to _____ (**Name of Parish**) to obtain/disclose information regarding myself listed above to Catholic Charities, Diocese of Fort Worth, Inc.

Client Signature

Date

Client Printed Name

Parish Representative Signature

Date

Parish Representative Printed Name

Parish Representative Preferred Method of Contact:

Email: _____

Phone: _____