



# Agency Intake Form

OFFICE: SALINA

HAYS

MANHATTAN

**PLEASE PRINT CLEARLY**

Date: \_\_\_\_\_

Returning Client: YES NO

Check if Homeless:

**CLIENT INFORMATION**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Gender: Female / Male Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Ethnic/Racial Background (circle): Native American African American Hispanic/Latino Asian/Pacific  
Biracial/Multiracial White Unknown Other: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ COUNTY: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Number Living in Household: \_\_\_\_\_ TOTAL Monthly Household Income \$ \_\_\_\_\_

Please circle all forms of income: Salary/Wages, Unemployment, Disability, Soc. Sec., Child Support, Pension, Other

Does anyone in the household receive public assistance? YES NO

If yes, circle all that apply: Housing, Cash Assistance, WIC, Food Stamps, Childcare Assistance, Reduced lunches

**SPOUSE INFORMATION: If applicable**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Gender: Female / Male Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Ethnic/Racial Background (circle): Native American African American Hispanic/Latino Asian/Pacific  
Biracial/Multiracial White Unknown Other: \_\_\_\_\_

Is any member of the household currently serving in the military or a veteran? YES NO

Is any member of your household a veteran of the military? YES NO



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**PLEASE COMPLETE THIS SECTION IF THERE ARE ADDITIONAL PEOPLE LIVING IN YOUR HOUSEHOLD**

**HOUSEHOLD MEMBERS INFORMATION: You do not need to list yourself or your spouse listed above.**

First Name	Last Name	Date of Birth	Gender	Ethnicity/Race	Relationship to Client
_____	_____	_____	M / F	_____	_____
_____	_____	_____	M / F	_____	_____
_____	_____	_____	M / F	_____	_____
_____	_____	_____	M / F	_____	_____
_____	_____	_____	M / F	_____	_____
_____	_____	_____	M / F	_____	_____

**PLEASE COMPLETE THIS SECTION SO WE CAN DETERMINE HOW WE CAN ASSIST YOU**

**CURRENT HOUSEHOLD NEEDS: Place an X next to all that apply**

FOOD – pre-boxed non-perishable food items	PREScription ASSISTANCE – help with the purchase of medically necessary medication or supplies	MENTAL HEALTH COUNSELING – licensed therapy – sliding fee scale
HYGIENE – basic personal and household necessities	HOUSING ASSISTANCE-must be under legal supervision <i>(SALINA ONLY)</i>	CURRENT PREGNANCY-interested in adoption information
DIAPERS – child under 3 years of age	PREDATORY DEBT RELIEF – refinance loan assistance for predatory/title loans	CURRENT PREGNANCY-interested in case management and support
RENT ASSISTANCE –for current residence and have lived there for 1+ months	DISASTER RELIEF –man-made or natural disaster	TRANSPORTATION – gas for employment or medical travel <i>(SALINA/HAYS ONLY)</i>
UTILITY ASSISTANCE – electric, gas, water/trash	DISABILITY ASSISTANCE -severe mental or physical disability	TRANSPORTATION – in-town bus passes <i>(SALINA ONLY)</i>
CATASTROPHIC ILLNESS – severe health diagnosis	NO PARENTAL SUPPORT OR HISTORY OF FOSTER CARE PLACEMENT – must be 16-24 YOA	IMMIGRATION SERVICES – legal pathway options
IMMIGRATION SERVICES – Translation of documents	THRIFT STORE VOUCHER – clothing & shoes <i>(SALINA/MANHATTAN ONLY)</i>	OUTREACH SERVICES – services offered outside Salina, Manhattan, and Hays