	Today's Date _	/
	Updated _	
Client Name & Demographic	Information	
Name:		
(Last)	(First)	(Middle Initial
* Address:(Street)		
(City)	(State)	(Zip)
* Phone: ()	County or City of Residence:	
Client's Customer ID:		
Birthdate:///(Yea	Gender:Male	Female
Race Status:		
— White or Caucasian Only	Black / African American American India Only Native Only	ın or Alaskan
— Asian Only	Native Hawaiian or Pacific Islander Only Some Other Ra	ce Only
Two or More Races Combined	Race Unknown or Unreported	
Hispanic Origin:		
Hispanic or Latino Origin OR	Not Hispanic or Latino Origin OR Hispanic F	Ethnicity Unknow
Physical Environment	Financial Resources	
No one else lives in my home	Number of members in immediate family:	
Yes, I live with someone	Total monthly income of immediate family: \$	
	In Federal Poverty? Yes No	
	Sliding Fee Scale Level? A B C D I (If applicable)	E F G
For Office Use Only Services Requested:		
Services Provided:		

NOTE: At a minimum, this form must be updated annually in order for a client to continue service.

* Legal Assistance and Elder Abuse Services do not require these fields: Name, Address (Street, City, State, Zip) or Phone Number.