



ICM Client Intake Form

Today's Date: _____

ICM Representative: _____

Last Name: _____ First Name: _____

Middle Name: _____ Maiden Name: _____

Date of Birth: ____/____/____ Phone: (____) ____ - ____ Email: _____

Last 4 of SSN: ____ - ____ - ____ - ____ DL or ID #: _____ ID Issuing State or Country: _____

of people in Household: _____ Date moved in: ____/____/____

Type of Residence: Apartment / House / Mobile Home County: (circle one) Harris / Galveston

Address: _____

Street Apt # City State Zip Code

Apartment Complex or Landlord: _____ Landlord Phone #: ____ - ____ - ____

(circle one) Lease / Mortgage Is the residence HUD or Section 8 "Housing"? Yes or No

Household Annual Income: (as of today) \$ _____ Source of Income: _____

Vehicles (model, year, owner):

Disabled? Yes or No	Employed? Yes or No		Primary Language: English or Not English		
Gender: (circle one)	Male	Female	Transgender Male	Transgender Female	
	Non-Binary / Gender Variant / Non-Conforming		Other	Prefer not to answer	
Marital Status: (circle one)	Single	Married	Separated		
	Divorced	Widowed	Partner / Common Law		
Ethnicity: (circle one)	Hispanic	Non-Hispanic			
Race: (circle one)	Black African or African American	Asian or Asian American	Native Hawaiian or other Pacific Islander	White or Caucasian	
	Indigenous People or Native American	Middle Eastern or North African	Multiracial (2 or more races) (please list races)	Other: (please write)	
Veteran? (circle one)	No, civilian	Yes, active duty	Yes, veteran	Not disclosed	
Education Completed: (circle one)	Less than 12 th Grade	High School Graduate	High School GED	HS Graduate – Mexico	Tech. / Adv. Degree
	Some college	Associate's Deg.	Bachelor's Degree	Some Post Grad	Graduate Degree
Do you have insurance? (circle one)	Medical Insurance: Yes or No	Car Insurance: Yes or No	Home/Renter's Insurance: Yes or No	Flood Insurance? Yes or No	

Other Household Members (not including Client)

Full Name: _____ Relationship to Client: _____

Date of Birth: ____/____/____ Last 4 of SSN: ____-____-____ Marital Status: _____
(see first page for options)

DL or ID # & Issuing State or Country: _____ Primary Language: English or Not English

Ethnicity: (circle one) Hispanic / Non-Hispanic Grade or Education Completed: _____ Disabled? Yes or No
(see first page for options)

Race: _____ Gender: _____ Veteran Status: Active Duty / Civilian / Veteran / Not Disclosed
(see first page for options) (see first page for options)

Full Name: _____ Relationship to Client: _____

Date of Birth: ____/____/____ Last 4 of SSN: ____-____-____ Marital Status: _____

DL or ID # & Issuing State or Country: _____ Primary Language: English or Not English

Ethnicity: (circle one) Hispanic / Non-Hispanic Grade or Education Completed: _____ Disabled? Yes or No

Race: _____ Gender: _____ Veteran Status: Active Duty / Civilian / Veteran / Not Disclosed

Full Name: _____ Relationship to Client: _____

Date of Birth: ____/____/____ Last 4 of SSN: ____-____-____ Marital Status: _____

DL or ID # & Issuing State or Country: _____ Primary Language: English or Not English

Ethnicity: (circle one) Hispanic / Non-Hispanic Grade or Education Completed: _____ Disabled? Yes or No

Race: _____ Gender: _____ Veteran Status: Active Duty / Civilian / Veteran / Not Disclosed

Full Name: _____ Relationship to Client: _____

Date of Birth: ____/____/____ Last 4 of SSN: ____-____-____ Marital Status: _____

DL or ID # & Issuing State or Country: _____ Primary Language: English or Not English

Ethnicity: (circle one) Hispanic / Non-Hispanic Grade or Education Completed: _____ Disabled? Yes or No

Race: _____ Gender: _____ Veteran Status: Active Duty / Civilian / Veteran / Not Disclosed

If you need more room to report other household members, please ask for another paper.

Employment History

(Report all adults in household)

Client's Name: _____

Current Employer: _____ Occupation: _____
Start Date: ____/____/____ Hourly Wage: \$ _____ Avg. Hours Per Week: _____

Previous Employer: _____ Occupation: _____
Last Day: ____/____/____ Hourly Wage: \$ _____ Avg. Hours Per Week: _____

Other Household Member: _____ Relation to Client: (circle one) Spouse / Roommate / Family

Current Employer: _____ Occupation: _____
Start Date: ____/____/____ Hourly Wage: \$ _____ Avg. Hours Per Week: _____

Previous Employer: _____ Occupation: _____
Last Day: ____/____/____ Hourly Wage: \$ _____ Avg. Hours Per Week: _____

Other Household Member: _____ Relation to Client: (circle one) Spouse / Roommate / Family

Current Employer: _____ Occupation: _____
Start Date: ____/____/____ Hourly Wage: \$ _____ Avg. Hours Per Week: _____

Previous Employer: _____ Occupation: _____
Last Day: ____/____/____ Hourly Wage: \$ _____ Avg. Hours Per Week: _____

Other Household Member: _____ Relation to Client: (circle one) Spouse / Roommate / Family

Current Employer: _____ Occupation: _____
Start Date: ____/____/____ Hourly Wage: \$ _____ Avg. Hours Per Week: _____

Previous Employer: _____ Occupation: _____
Last Day: ____/____/____ Hourly Wage: \$ _____ Avg. Hours Per Week: _____

If you need more room to report other adults in your household, please ask for another paper.

Monthly Household Finances

Income

Client Monthly Salary (gross): \$ _____

Other Household Member Salary: \$ _____

Other Household Member Salary: \$ _____

TANF: \$ _____

Social Security: \$ _____

SSI (Supplemental Security Income): \$ _____

Disability: \$ _____

Unemployment: \$ _____

Child Support: \$ _____

Retirement: \$ _____

Worker's Comp: \$ _____

VA Benefits: \$ _____

Family Support: \$ _____

Survivor's Benefits: \$ _____

Food Stamps / SNAP? Yes or No

Food Stamp / SNAP: \$ _____

Medicaid? Yes or No

Medicare? Yes or No

Other Income: \$ _____

Other Income: \$ _____

Expenses

Rent or Mortgage: \$ _____

Water: \$ _____

Electricity: \$ _____

Gas: \$ _____

Phones (Cell and / or Landline): \$ _____

Cable / Satellite TV: \$ _____

Internet: \$ _____

Home/Renter's Insurance: \$ _____

Total Car Payments: \$ _____

Total Car Insurance: \$ _____

Gas (for Vehicles): \$ _____

Medical (out of pocket): \$ _____

Private Insurance: \$ _____

Food (after SNAP benefits): \$ _____

Food Stamps used: \$ _____

Toiletries / Personal Care: \$ _____

Child Care: \$ _____

Child Support: \$ _____

Credit Card / Other Loans: \$ _____

Other: (specify) _____

TOTAL MONTHLY INCOME: \$ _____

TOTAL MONTHLY EXPENSES: \$ _____

My signature below verifies that all of the information I have provided on this form is true.

I understand that if I knowingly give false information I may be asked to repay funds and/or forfeit any pledges and my right to seek further assistance from Interfaith Caring Ministries.

I authorize Interfaith Caring Ministries to collect and/or release information about my family members and me.

Signature: _____

Date: _____