

**(PC-IRU-02) Client Intake Form**

**Section I: Client Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name:** | **Middle Name:** | **Last Name:** | |
|  |  |  | |
| **Date of Birth:** | **Nationality: (Country)** | **Immigration Status:** | |
|  |  |  | |
| **Alien Number:** | **Alien Number: (Corrected/Updated)** | **Number of People in Household:** | |
|  |  |  | |
| **Primary Applicant Name:** | **Primary Applicant Alien Number:** | **Phone Number:** | |
|  |  |  | |
| **Date of Arrival:** | **Date of Eligibility:** | **Date of PC-IRU Enrollment:** | |
|  |  |  | |
| **Address:** | **City:** | **Zip Code:** | **State:** |
|  |  |  |  |

**SECTION II: Services**

|  |  |  |
| --- | --- | --- |
| ***Has Client Received the following Services?*** | | |
| Enrolled in PC-ICM: | ☐ Yes ☐ No | Enrollment Date: |
| Social Security Application: | ☐ Yes ☐ No | Application Date: |
| Social Security Card Received: | ☐ Yes ☐ No | Date Received: |
| EAD Application: | ☐ Yes ☐ No | Submission Date: |
| EAD Receipt: | ☐ Yes ☐ No | Date Received: |
| Medical Screening: | ☐ Yes ☐ No | Medical Screening Date: |
| TB Test: | ☐ Yes ☐ No | TB Test Date: |
| Medical Insurance: | ☐ Yes ☐ No | Date Applied:  Date Received: |
| SNAP Benefits: | ☐ Yes ☐ No | Date Applied:  Date Received: |
| TANF/RCA Benefits: | ☐ Yes ☐ No | Date Applied:  Date Received: |
| ***Notes:*** | | |

**SECTION III: Direct Maintenance Assistance**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **Amount** | **Date Received:** |
| Financial Assistance Provided? | ☐ Yes ☐ No | $ |  |
| Housing Assistance Provided? | ☐ Yes ☐ No | $ |  |
| Food Assistance Provided? | ☐ Yes ☐ No | $ |  |
| Medical Assistance Provided? | ☐ Yes ☐ No | $ |  |
| Legal Assistance Provided? (Internal or External) (Filling EAD, legal workshops, training, legal clinic, “know your rights”, etc...) | ☐ Yes ☐ No | $ |  |
| Transportation Assistance Provided? | ☐ Yes ☐ No | $ |  |
| Clothing Assistance Provided? | ☐ Yes ☐ No | $ |  |

**SECTION IV:** **Primary Vulnerability**

|  |  |  |  |
| --- | --- | --- | --- |
| **Primary Vulnerability to be Addressed by the PC-IRU Program –** choose ONE.   *The client’s primary vulnerability which rates the lowest on Client Stability Chart, or, in other words, requires the most urgent care for survival, is considered the client’s primary vulnerability.* | | | |
| ☐ GAPS  ☐ Young adults without Support from Family or Networks  ☐ Refugees experiencing social adjustment issues and isolation | ☐ Medical Need  ☐ Elderly refugees  ☐ LGBTQ+ refugees  ☐ Minors (under 18)  ☐ Single-parent households  ☐ Refugees with Psychological conditions | ☐ Refugees with special or unique needs who out migrated or are in underserved locations including Secondary migrants  ☐ COVID-19  ☐ Disabled or Chronically ill individuals | ☐ Caregiver in need of additional services  ☐ Victims of Torture and Violence (Mental and physical) including: DV and GBV  ☐ Other (Must explain): |

Intake Conducted by (Staff First and Last Name):

Staff Title: