

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

**Section I: Client Information**

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| --- | --- | --- |
| **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**

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| ***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**

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| **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: