



Central Intake and Referral Form ClientTrack # _____

Date:	New Intake Re-Intake	Mental Health Screening Referral SOR	Immigration Status: ARM/URM	Secondary Mg Asylum Grantee(s) UHP (Ukrainian) SIV (R&P) SIV (self-traveled)	Refugee Asylum Re-unification Cuban/Haitian Trafficking
Intake Staff:			Referred by:		
Case Worker:			Name of Agency:		
Client Information					
Last Name:	First Name:		Middle Name:	Primary Language:	
Gender:	Marital Status:		Number in Household:	Date of Birth:	
Social Security #:	MaineCare#:		Alien #:	Phone #:	
Street Address:		City and State:		Eligibility Doc Type:	
Temporary: Yes No		Zip Code:		Form I-94 Form I-766 Asylum Approval Letter Other	
Ethnicity:		Nationality:		Phone #:	
Email:		Relationship to Contact:		Phone # of Contact:	
Emergency Contact:		Relationship to Contact:		Email of Contact:	
Country of Origin:		Date of Eligibility:		Date Arrival in ME:	
		Date of Entry into US:		Original Resettlement State:	
				Last State Lived:	
How well does client speak English: None Basic Medium Advanced		Education Level:		Religion:	
		Employable:		Does client need to receive Public Assistance? RCA TANF RMA SSI None	

*All fields are required so please use not applicable (NA) if the field is not applicable to the client **Household**

Members:

Last Name	First/Middle Name	DOB	Alien #	Relationship to PA	Level of English:
1					None Basic Medium Advanced RCA
2					None Basic Medium Advanced RCA
3					None Basic Medium Advanced RCA
4					None Basic Medium Advanced RCA
5					None Basic Medium Advanced RCA
6					None Basic Medium Advanced RCA