



Central Intake and Referral Form      Client Track # \_\_\_\_\_

<b>Date:</b>	<input type="checkbox"/> New Intake <input type="checkbox"/> Re-Intake <input type="checkbox"/> SOR Eligible	<b>Immigration Status:</b> <input type="checkbox"/> ARM/URM <input type="checkbox"/> APA <input type="checkbox"/> SIV	<input type="checkbox"/> Secondary Mg <input type="checkbox"/> Asylum Grantee(s) <input type="checkbox"/> UHP (Ukrainian)	<input type="checkbox"/> Refugee <input type="checkbox"/> Asylum Re-unification <input type="checkbox"/> Cuban/Haitian <input type="checkbox"/> Trafficking
<b>Intake Staff:</b>		<b>Referred by:</b>		
<b>Case Worker:</b>		<b>Name of Agency:</b>		
<b>Client Information</b>				
<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>	<b>Primary Language:</b>	
<b>Gender:</b>	<b>Marital Status:</b>	<b>Number in Household:</b>	<b>Date of Birth:</b>	
<b>Social Security #:</b>	<b>MaineCare#:</b>	<b>Alien #:</b>	<b>Phone #:</b>	
<b>Street Address:</b>	<b>City and State:</b>	<b>Eligibility Doc Type:</b>	<b>Ethnicity:</b>	
<b>Temporary:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Zip Code:</b>	<input type="checkbox"/> Form I-94 <input type="checkbox"/> Form I-766 <input type="checkbox"/> Asylum Approval Letter <input type="checkbox"/> Other		
<b>Emergency Contact:</b>	<b>Relationship to Contact:</b>	<b>Phone # of Contact:</b>	<b>Email of Contact:</b>	
<b>Country of Origin:</b>	<b>Date of Eligibility:</b>	<b>Date Arrival in ME:</b>	<b>Original Resettlement State:</b>	
	<b>Date of Entry into US:</b>		<b>Last State Lived:</b>	
<b>How well does client speak English:</b>	<b>Education Level:</b>	<b>Religion:</b>	<b>Does client currently receive Public Assistance?</b>	
<input type="checkbox"/> None <input type="checkbox"/> Fair <input type="checkbox"/> Excellent	<b>Employable:</b>		<input type="checkbox"/> RCA <input type="checkbox"/> TANF <input type="checkbox"/> RMA <input type="checkbox"/> SSI <input type="checkbox"/> 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 # Anasazi #	Relationship to PA	Level of English:
1					<input type="checkbox"/> None <input type="checkbox"/> Fair <input type="checkbox"/> Excellent
2					<input type="checkbox"/> None <input type="checkbox"/> Fair <input type="checkbox"/> Excellent
3					<input type="checkbox"/> None <input type="checkbox"/> Fair <input type="checkbox"/> Excellent
4					<input type="checkbox"/> None <input type="checkbox"/> Fair <input type="checkbox"/> Excellent
5					<input type="checkbox"/> None <input type="checkbox"/> Fair <input type="checkbox"/> Excellent
6					<input type="checkbox"/> None <input type="checkbox"/> Fair <input type="checkbox"/> Excellent