

Central Intake and Referral Form ClientTrack # \_\_\_\_\_

<b>Date:</b>	New Intake Re-Intake	Mental Health Screening Referral SOR GEAR	<b>Immigration Status:</b> ARM/URM	Secondary Mg Asylum Grantee(s) UHP (Ukrainian) SIV (R&P) SIV (self-traveled)	Refugee Asylum Re-unification Cuban/Haitian 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>Email:</b>	
<b>Street Address:</b>	<b>City and State:</b>		<b>Eligibility Doc Type:</b> Form I-94 Form I-766 Asylum Approval Letter Other	<b>Ethnicity:</b>	
<b>Temporary:</b> Yes No	<b>Zip Code:</b>			<b>Nationality:</b>	
<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 of Entry into US:</b>		<b>Date Arrival in ME:</b>	<b>Original Resettlement State:</b>  <b>Last State Lived:</b>	
<b>How well does client speak English:</b> None Basic Medium Advanced	<b>Education Level:</b>  <b>Employable:</b>		<b>Religion:</b>	<b>Does client need to receive Public Assistance?</b> 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