



Central Intake and Referral Form Client Track # _____

Date:	<input type="checkbox"/> New Intake <input type="checkbox"/> Re-Intake	Immigration Status: <input type="checkbox"/> ARM/URM	<input type="checkbox"/> Mental Health Screening Referral	<input type="checkbox"/> Secondary Mg <input type="checkbox"/> Asylum Grantee(s) <input type="checkbox"/> UHP (Ukrainian) <input type="checkbox"/> Service to Older Refugee	<input type="checkbox"/> Refugee <input type="checkbox"/> Asylum Re-unification <input type="checkbox"/> Cuban/Haitian <input type="checkbox"/> 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: <input type="checkbox"/> Form I-94 <input type="checkbox"/> Form I-766 <input type="checkbox"/> Asylum Approval Letter <input type="checkbox"/> Other	Ethnicity:		
Temporary: <input type="checkbox"/> Yes <input type="checkbox"/> No	Zip Code:				
Emergency Contact:	Relationship to Contact:	Phone # of Contact:	Email of Contact:		
Country of Origin:	Date of Eligibility: Date of Entry into US:	Date Arrival in ME:	Original Resettlement State: Last State Lived:		
How well does client speak English: <input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> Advanced	Education Level: Employable:	Religion:	Does client need to receive Public Assistance? <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"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> Advanced
2						<input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> Advanced
3						<input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> Advanced
4						<input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> Advanced
5						<input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Medium <input type="checkbox"/> Advanced

6						<input type="checkbox"/> None <input type="checkbox"/> Fair <input type="checkbox"/> Excellent
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