



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

<b>Date:</b>	New Intake  Re-Intake	Medical/Mental Health Screen (RMS) Service to Older Refugee (SOR)	<b>Immigration Status:</b> <input type="checkbox"/> ARM/URM <input type="checkbox"/> SIV (PIR) <input type="checkbox"/> SIV (self-travelled)	Secondary Mig Asylum Grantee(s) UHP (Ukrainian) V SOT	<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>Primary Applicant (PA) 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:</b>	<b>Eligibility Doc Type:</b> Form I-94 Form I-766 Asylum Approval Letter Other	<b>Ethnicity:</b>		
	<b>State:</b>		<b>Nationality:</b>		
<b>Temporary:</b> Yes, Temporary No, Permanent	<b>Zip Code:</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>	<i>Check Here if Family Member Eligibility Dates Differ</i>		<b>Original Resettlement State:</b>	
	<b>Date of Entry into US:</b>	<b>Date Arrival in ME:</b>		<b>Last State Lived:</b>	
<b>How well does client speak English:</b> None Basic Medium Advanced	<b>Education Level:</b>	<b>Religion:</b>	<b>Does client need Public Assistance?</b> RCA TANF RMA SSI None		
	<b>Employable:</b>				

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

**Comments:**

**Household Members:**

Last Name	First/Middle Name	DOB	Alien #	Relationship to PA	RMS?:
				Level of Spoken English	RMA?: RCA?:
1					RMS?
					RMA? RCA?
2					RMS?
					RMA? RCA?
3					RMS?
					RMA? RCA?
4					RMS?
					RMA? RCA?
5					RMS?
					RMA? RCA?
6					RMS?
					RMA? RCA?
7					RMS?
					RMA? RCA?
8					RMS?
					RMA? RCA?

**Comments:**