



Central Intake and Referral Form Client Track # _____

Date:	<input type="checkbox"/> New Intake <input type="checkbox"/> Re-Intake	<input type="checkbox"/> Mental Health Screening Referral <input type="checkbox"/> Service to Older Refugee (SOR)	Immigration Status: <input type="checkbox"/> ARM/URM <input type="checkbox"/> SIV (PIR) <input type="checkbox"/> SIV (self-travelled)	Secondary Mg 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
Intake Staff: Case Worker:			Referred by: 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 #:		
			Email:		
Street Address: Temporary: Yes, Temporary No, Permanent	City:	Eligibility Doc Type: Form I-94 Form I-766 Asylum Approval Letter Other	Ethnicity:		
	State:		Nationality:		
Zip Code:					
Emergency Contact:	Relationship to Contact:	Phone # of Contact:	Email of Contact:		
Country of Origin:	Date of Eligibility:	<i>Check Here if Family Member Eligibility Dates Differ</i> Date Arrival in ME:	Original Resettlement State:		
	Date of Entry into US:		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:	Religion:	Does client need to receive Public Assistance? RCA TANF RMA SSI None		
	Employable:				

***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	Level of English: RMA?: RCA?:
1						RMA? RCA?
2						RMA? RCA?
3						RMA? RCA?
4						RMA? RCA?
5						RMA? RCA?
6						RMA? RCA?
7						RMA? RCA?
8						RMA? RCA?

Comments: