



CLIENT INTAKE FORM

Client Name: _____
Last 4 numbers of social security: _____
DOB: _____
Client Address: _____
City: _____ County: _____ State: _____
Zip: _____
Phone: (home) _____ (cell) _____

Household Info: List names, ages and relationships of household family members.

Total number of household members under age 18 _____
Total number of household members over age 18 _____
Total number of household members over age 65 _____

The undersigned client certifies that the information/answers provided are complete and true.
You further agree to the following:

- You understand that this assistance is to be used as an emergency resource only and is meant to supplement additional assistance or resources you may receive.
- Products are provided on a FIRST COME, FIRST SERVED basis and I relinquish The Compassionate Connections Center of all liability of any nature whatsoever and accept these products "AS IS" and at my own risk.
- You will not sell the products for services.
- Inappropriate behavior such as profanity, verbal abuse of staff or any other disruptive behavior is prohibited. Any such behavior may result in the suspension or termination of your privileges at The Compassion Connections Center.

• CLIENT SIGNATURE: _____

For Office Use Only
New Client Certification _____
Client Re-Certification _____