

**ECCO CLIENT INTAKE FORM**

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ **Marital Status:**  Single  Married  Separated  
 Divorced  Widowed

Cell Phone: \_\_\_\_\_ Referred By: \_\_\_\_\_

**Type of Housing:**

Monthly Housing Payment: \$ \_\_\_\_\_

- Own  House
- Rent  Apartment
- Other \_\_\_\_\_  Other \_\_\_\_\_

**Income Sources:**

Self - Hourly Wage: \$ \_\_\_\_\_ Hours per Week: \_\_\_\_\_ Employer: \_\_\_\_\_

Spouse - Hourly Wage: \$ \_\_\_\_\_ Hours per Week: \_\_\_\_\_ Employer: \_\_\_\_\_

My yearly income is under \$75,000.00 and I have children under the age of 18 in my home.

**Monthly amount received from:**

Food Stamps \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_ W.I.C.  Yes  No

TANF \$ \_\_\_\_\_ Unemployment \$ \_\_\_\_\_

SSI / SSDI / VA \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

List total number of people in Household (beginning with yourself)

| Name | Birth Date | Relationship |
|------|------------|--------------|
|      |            |              |
|      |            |              |
|      |            |              |
|      |            |              |
|      |            |              |
|      |            |              |
|      |            |              |

**Reason for Visit:**

- Rent  Propane  Car Repair
- Utilities  Medical Needs  Relocation Needs
- Water  Clothing  Other

**Other Agencies that you have received help from:**

- Elbert Cty. Dept. of Social Services  Salvation Army  Other \_\_\_\_\_
- Douglas/Elbert Task Force  Women's Crisis Center
- Parker Task Force  Catholic Charities

I certify that the above information is correct and will permit this information to be shared with other agencies if necessary. Signed: \_\_\_\_\_

|   |   |   |
|---|---|---|
| <b>OFFICE USE ONLY:</b>   | <input type="checkbox"/> New <input type="checkbox"/> Returning     | <input type="checkbox"/> TANF <input type="checkbox"/> ECCO |
| <input type="checkbox"/> Picture ID <input type="checkbox"/> Signed Consent <input type="checkbox"/> LEAP Application | <input type="checkbox"/> VALE <input type="checkbox"/> MT. View     |   |
| <input type="checkbox"/> Copy of Statements <input type="checkbox"/> Proof of Residency                               | <input type="checkbox"/> Other <input type="checkbox"/> Gas Voucher |   |