

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: _____

OFFICE USE ONLY:	<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	