

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

OASIS INSIGHT  
CLIENT INTAKE FORM

Consent for data entered into database

Some questions are optional

Client Head of Household (Primary Contact) - CLIENT PLEASE PRINT CLEARLY

Name: First, Middle, Last \*\*

Maiden Name

Nickname

Date of Birth (MM / DD / YYYY)

Street Address (Physical)\*\* OR No Fixed Address

City, State, Zip\*\*

County\*\*

Mailing address (if different from Street Address)

\*Phone# - List and Check Home or Cell or Message

HOME  CELL  Message

Email Address (Optional)

\*My Household: Government Benefits and Income Sources

	\$ Amount / INTERVAL
<input type="checkbox"/> Medicaid	
<input type="checkbox"/> Medicare	
<input type="checkbox"/> SNAP (Food Stamps)	
<input type="checkbox"/> Social Security	
<input type="checkbox"/> Veterans Benefits	
<input type="checkbox"/> Disability	
<input type="checkbox"/> SSI	
<input type="checkbox"/> Unemployment	
<input type="checkbox"/> Family Support	
<input type="checkbox"/> Child Support / Alimony	
<input type="checkbox"/> HUD (Housing Assistance)	
<input type="checkbox"/> TEA (Temp Emp Assistance)	
<input type="checkbox"/> General Assistance	
<input type="checkbox"/> Workman's Compensation	
<input type="checkbox"/> Retirement	
<input type="checkbox"/> Wages	
<input type="checkbox"/> Other (List Below)	

==> No Entry Required in GRAY boxes

\*\*\* Client Should Make a Selection in ALL Sections Below \*\*\*

\*Client ID Viewed

- Driver's License
- State ID
- Utility Bill
- Lease Agreement
- Other (List Below)

Client Gender

- Female
- Male
- Transgender
- Prefer Not to Answer
- None of These

Client Ethnicity

- Asian
- Black or African American
- Hispanic, Latino or Spanish
- Middle Eastern or North African
- White
- Marshallese
- American Indian or Alaska Native
- Hawaiian or other Pacific Islander
- Multi-Racial
- Prefer Not to Answer
- Did Not Ask
- Some OTHER race or ethnicity   
(Please list OTHER below)

Client Level of Education

- College Degree
- High School grad / GED
- Some High School
- Some College
- Less than High School
- Prefer Not to Answer
- Did Not Ask

Client Employment Status

- Full-time
- Part-time
- Unemployed
- Retired

\*# of People

LIVING In Household

Client Marital Status

- Divorced
- Married
- Single
- Separated
- Widowed
- Prefer Not to Answer
- Did Not Ask

# of People

EMPLOYED In Household

Client Housing

- Homeless
- Rents
- Owns
- At risk of homelessness
- Transient
- Other (List Below):

\*Client SNAP Recipient

- Yes
- Amount \$
- No
- Don't Know
- Prefer Not to Answer
- Did Not Ask

Anyone in Household

Military Status

- Yes, on active duty in the past
- Yes, currently on active duty
- No
- Prefer Not to Answer
- Did Not Ask

==> NOTE: Client Should Fill Out Back Of Form Also <===

