

# EDCAP Client Intake Form

Case Start Date: \_\_\_\_\_ Coach's Name: \_\_\_\_\_ Site: **CSS/EDCAP**

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

Street Address (Optional): \_\_\_\_\_

Borough: \_\_\_\_\_ City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Referral Source (Non-Profit, Presentation, Direct to Coach, etc.) \_\_\_\_\_

Intake Method (Helpline, EDCAP Email, etc.) \_\_\_\_\_

Reason for Contact / Question for Counselor: \_\_\_\_\_

<p><b>Age:</b></p> <p><input type="checkbox"/> Under 30  <input type="checkbox"/> 30 - 39  <input type="checkbox"/> 40 - 49  <input type="checkbox"/> 50 - 59  <input type="checkbox"/> 60 - 69  <input type="checkbox"/> 70 or Above  <input type="checkbox"/> Prefer not to say</p> <p><b>Date of Birth:</b> _____</p>	<p><b>Gender:</b></p> <p><input type="checkbox"/> Male  <input type="checkbox"/> Female  <input type="checkbox"/> Prefer not to say  <input type="checkbox"/> Prefer to self-describe:</p>	<p><b>Race/Ethnicity:</b></p> <p><input type="checkbox"/> Black/African American  <input type="checkbox"/> Hispanic/Latino  <input type="checkbox"/> White, Non-Hispanic  <input type="checkbox"/> Asian/Pacific Islander  <input type="checkbox"/> Native American  <input type="checkbox"/> Multiracial  <input type="checkbox"/> Prefer not to say  <input type="checkbox"/> Prefer to self-describe:</p>
<p><b>Languages Spoken:</b></p> <p><input type="checkbox"/> English  <input type="checkbox"/> Spanish  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/></p>	<p><b>Marital Status:</b></p> <p><input type="checkbox"/> Single  <input type="checkbox"/> Married  <input type="checkbox"/> Domestic Partner  <input type="checkbox"/> Widowed  <input type="checkbox"/> Divorced  <input type="checkbox"/> Separated</p>	<p><b>Housing:</b></p> <p><input type="checkbox"/> Rent (no subsidy)  <input type="checkbox"/> Own/Mortgage  <input type="checkbox"/> NYCHA/Section 8  <input type="checkbox"/> Live with family  <input type="checkbox"/> Transitional/Shelter  <input type="checkbox"/> Other (describe): _____</p>
<p><b>Income Source:</b></p> <p><input type="checkbox"/> Salary or wages  <input type="checkbox"/> Public/Cash Assistance  <input type="checkbox"/> Supp. Sec. Income/SSI  <input type="checkbox"/> Soc. Sec Retirement  <input type="checkbox"/> Soc. Sec. Disability/SSDI  <input type="checkbox"/> Unemployment Insurance  <input type="checkbox"/> Supported by another  <input type="checkbox"/> Student loans/aid</p>	<p><b>Annual Household Income:</b></p> <p><input type="checkbox"/> &lt;\$12,000  <input type="checkbox"/> \$12,001 - \$25,000  <input type="checkbox"/> \$25,001 - \$40,000  <input type="checkbox"/> \$40,001 - \$60,000  <input type="checkbox"/> \$60,001 - \$100,000  <input type="checkbox"/> &gt;\$100,001</p> <p><b>Family/Household Size:</b> _____</p> <p><b>Total Dependents:</b> _____</p>	<p><b>Highest Education Completed:</b></p> <p><input type="checkbox"/> High School, No Degree  <input type="checkbox"/> Diploma or GED  <input type="checkbox"/> College, No Degree  <input type="checkbox"/> Associate degree  <input type="checkbox"/> Bachelor's degree  <input type="checkbox"/> Graduate Degree</p> <p><b>College 1:</b> _____</p> <p><b>College 2:</b> _____</p> <p><b>College 3:</b> _____</p>
<p><b>Employment Status:</b></p> <p><input type="checkbox"/> Full time  <input type="checkbox"/> Part time  <input type="checkbox"/> Self-employed  <input type="checkbox"/> Unemployed  <input type="checkbox"/> Student  <input type="checkbox"/> Retired</p>	<p><b>Military Service Member Status:</b></p> <p><input type="checkbox"/> Veteran  <input type="checkbox"/> Active Duty  <input type="checkbox"/> Not Active Duty (Reserves, etc.)  <input type="checkbox"/> None</p>	<p><b>Disability Status:</b></p> <p><input type="checkbox"/> Yes, has a disability.  <input type="checkbox"/> No, does not have a disability.</p> <p><b>Public service job?</b></p> <p><input type="checkbox"/> I work in a government agency, non-profit, or other public service job.</p>

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

Loan Total: \_\_\_\_\_

**Borrower History:**

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**Dated Notes:**
