EDCAP
Client Intake Form

Community Service Society | Fighting Poverty Strengthening New York

edcap Education Debt Consumer Assistance Program

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: _____

Age:
- ☐ Under 30
- ☐ 30 – 39
- ☐ 40 – 49
- ☐ 50 – 59
- ☐ 60 – 69
- ☐ 70 or Above
- ☐ Prefer not to say

Date of Birth: _____

Gender:
- ☐ Male
- ☐ Female
- ☐ Prefer not to say
- ☐ Prefer to self-describe:

Race/Ethnicity:
- ☐ Black/African American
- ☐ Hispanic/Latino
- ☐ White, Non-Hispanic
- ☐ Asian/Pacific Islander
- ☐ Native American
- ☐ Multiracial
- ☐ Prefer not to say
- ☐ Prefer to self-describe:

Languages Spoken:
- ☐ English
- ☐ Spanish
- ☐
- ☐
- ☐
- ☐

Marital Status:
- ☐ Single
- ☐ Married
- ☐ Domestic Partner
- ☐ Widowed
- ☐ Divorced
- ☐ Separated

Housing:
- ☐ Rent (no subsidy)
- ☐ Own/Mortgage
- ☐ NYCHA/Section 8
- ☐ Live with family
- ☐ Transitional/Shelter
- ☐ Other (describe):

Income Source:
- ☐ Salary or wages
- ☐ Public/Cash Assistance
- ☐ Supp. Sec. Income/SSI
- ☐ Soc. Sec Retirement
- ☐ Soc. Sec. Disability/SSDI
- ☐ Unemployment Insurance
- ☐ Supported by another
- ☐ Student loans/aid

Annual Household Income:
- ☐ <$12,000
- ☐ $12,001 – $25,000
- ☐ $25,001 – $40,000
- ☐ $40,001 – $60,000
- ☐ $60,001 – $100,000
- ☐ >$100,001

Family/Household Size: _____

Total Dependents: _____

Highest Education Completed:
- ☐ High School, No Degree
- ☐ Diploma or GED
- ☐ College, No Degree
- ☐ Associate degree
- ☐ Bachelor's degree
- ☐ Graduate Degree

College 1: _____
College 2: _____
College 3: _____

Employment Status:
- ☐ Full time
- ☐ Part time
- ☐ Self-employed
- ☐ Unemployed
- ☐ Student
- ☐ Retired

Military Service Member Status:
- ☐ Veteran
- ☐ Active Duty
- ☐ Not Active Duty (Reserves, etc.)
- ☐ None

Disability Status:
- ☐ Yes, has a disability.
- ☐ No, does not have a disability.

Public service job?
- ☐ I work in a government agency, non-profit, or other public service job.

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edcap
Education Debt Consumer Assistance Program

Case Start Date:_____Coach's Name:_____Site: **CSS/EDCAP**

First Name:_____ MI_____ Last Name:_____

Loan Total:_____ Number of Loans:_____

Loan Types:	DIRECT Sub/Unsub	FFELP Sub/Unsub
	DIRECT Consolidated Sub/Unsub	FFELP Consolidated Sub/Unsub
	Perkins	Private

Loan History/ Useful Dates:

Repayment Plan and Status:

Servicer or Lender Details:

PSLF / Discharge Screening Details:

General Plan / Strategy:

Screenshots:

Dated Notes: