



## Intake Form

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

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_ Education (last grade completed): \_\_\_\_\_

This information is reported without names attached. With this information we secure our funding and can continue to offer our services at little to no cost. We appreciate anything that you are willing to share.

### Ethnicity:

African American/Black: \_\_\_\_\_ Asian/Pacific Islander: \_\_\_\_\_ Hispanic/Latino: \_\_\_\_\_

Native American: \_\_\_\_\_ Caucasian/White: \_\_\_\_\_ Other: \_\_\_\_\_

### Employment Status/Source of Income:

Employed: \_\_\_\_\_ Family Member Employed: \_\_\_\_\_ Disabled: \_\_\_\_\_

Public Assistance: \_\_\_\_\_ Social Security/Retired: \_\_\_\_\_ Student: \_\_\_\_\_

Unemployed: \_\_\_\_\_

### Annual Income:

Less than \$9,000: \_\_\_\_\_ \$9,001 - \$16,000: \_\_\_\_\_

\$16,001 - \$25,000: \_\_\_\_\_ \$25,001 - \$35,000: \_\_\_\_\_

\$35,001 - \$45,000: \_\_\_\_\_ \$45,001 - \$55,000: \_\_\_\_\_

\$55,001 - \$65,000: \_\_\_\_\_ \$65,001 - \$75,000: \_\_\_\_\_

More than \$75,000: \_\_\_\_\_

**Program – we have additional funding options if a matter falls into one of the following areas (answers will not impact your access to services and will not be disclosed):**

Have you served or are you currently serving in the military? \_\_\_ yes \_\_\_ no

Have you ever been incarcerated? \_\_\_ yes \_\_\_ no

Are you affiliated with a farm or agriculture? \_\_\_ yes \_\_\_ no