



Subject: Information and Referral

**Parish Referral Form – Client Intake**

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Form Number: 2500-15  
Effective: 2/1/16  
Revision effective: 8/15/17  
Reviewed:

Applies to: Hope Center

**Please fill out the following information completely**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed

Household Information: # of Children: \_\_\_\_\_ # of Working Adults: \_\_\_\_\_

# of Adults Not Working: \_\_\_\_\_ Are these adults willing and able to work?  Yes  No

Have you ever served in the military?  Yes  No If yes, which branch: \_\_\_\_\_

Is your immediate family member a veteran (parent or spouse)?  Yes  No

**Source(s) of household income:**

<input type="checkbox"/> Monthly Salary - \$	<input type="checkbox"/> Unemployment - \$	<input type="checkbox"/> Child Support - \$
<input type="checkbox"/> SSI - \$	<input type="checkbox"/> SSDI - \$	<input type="checkbox"/> Food Stamps - \$
<input type="checkbox"/> TANF - \$	<input type="checkbox"/> Retirement - \$	<input type="checkbox"/> Alimony - \$
<input type="checkbox"/> Worker's Comp. - \$	<input type="checkbox"/> Subsidized housing - \$	<input type="checkbox"/> Other - \$

**Assistance and Services – Please check all that you are interested in**

Employment Services  Yes  No  
Counseling Services  Yes  No  
Disaster Services  Yes  No

Financial Coaching  Yes  No  
Immigration Services  Yes  No

**Please explain in detail what you need assistance with today:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Client Consent**

I certify (promise) that the information provided on this form is true and that I included all income. By signing, I also give permission to \_\_\_\_\_ (*Name of Parish*) to obtain/disclose information regarding myself listed above to Catholic Charities, Diocese of Fort Worth, Inc.

\_\_\_\_\_  
*Client Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Client Printed Name*

\_\_\_\_\_  
*Parish Representative Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parish Representative Printed Name*

Parish Representative Preferred Method of Contact:

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

Phone: \_\_\_\_\_