

Boca Helping Hands Client Form

Date: _____ **Have you been here before?:** Yes No
Last Name: _____ **First Name:** _____
Address: _____ **Apt.:** _____ **Birth Date:** _____
City: _____ **State:** _____ **ZIP Code:** _____
County: _____ **Telephone Number:** _____
Home Situation: Homeowner, Renting, Homeless, Other: _____ **Email:** _____
Gender: Male / Female **Language:** English, Spanish, Portuguese, Creole, Other: _____
Ethnicity: Caucasian, African American, Asian, Hispanic Other: _____
Referral Source: _____

Marital Status: _____ **Spouse's Name:** _____ **Date of Birth:** _____

Number of Adults & Children living with you: _____

First Name	Last Name	M/F	Date of Birth	Relationship

Monthly Income (Money Received)		Monthly Expenses (Bills Paid)			
Family Salary:	\$ _____	Rent	\$ _____	Mortgage Payment	\$ _____
Social Security	\$ _____	Telephone	\$ _____	Food	\$ _____
Pension Payment	\$ _____	Water:	\$ _____	Electricity	\$ _____
Food Stamps:	\$ _____	Medical Ins.	\$ _____	Out of Pocket Med.	\$ _____
Unemployment Benefits:	\$ _____	Car Ins	\$ _____	Gas	\$ _____
Disability Payment	\$ _____	Car Loan	\$ _____	Cable/Internet	\$ _____
Child Support:	\$ _____	Child Care	\$ _____	Credit Card	\$ _____
Other:	\$ _____	Other	\$ _____	Food Stamps	\$ _____
Total:	\$ _____			Total:	\$ _____

I agree that the information provided above is, to the best of my knowledge, complete and accurate. I understand that any false information may result in present or future help being withdrawn. I grant permission to Boca helping Hands to contact my employer, landlord or other sources for verification purposes as needed to better assist me. I also grant permission to Boca helping Hands to transmit this information to other agencies.

Client Signature

Resource Screener

For Office Use Only

Interviewer (A/C): _____ Manager: _____
 Entered (F/C): _____ Date Reviewed: _____