

**CAA NAME**

**Sample Universal Intake**

Location  
Intake Worker

Address, City, State, Zip, Telephone#

Name: \_\_\_\_\_ Telephone # (H) \_\_\_\_\_ (W) \_\_\_\_\_ Customer# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ SS# \_\_\_\_\_

# Adults In Household \_\_\_\_\_ # Children In Household \_\_\_\_\_ DSS Client ID #: \_\_\_\_\_

Living Arrangements: \_\_\_\_\_ Family Type: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Primary Language: \_\_\_\_\_

**Household Member Characteristics:**

Name	Relationship	In House?	M/F	DOB	Age	Ethnicity /Race	Disabled?	Education Level

**Household Income:**

Name	In House?	Social Security #	Income Source(s)	Annual Income

Customer's Poverty Level: \_\_\_\_\_ Household's Poverty Level: \_\_\_\_\_ Total Annual Household Income: \_\_\_\_\_

Referred to DSS? \_\_\_\_\_ Referred to other Local Agency? \_\_\_\_\_ Referred to Case Management: \_\_\_\_\_ Declined Screening/Referrals: \_\_\_\_\_

Programs Referred to:

Program Name	Agency Name

**Customer Confidentiality and Release of Information Consent**

I, \_\_\_\_\_, give **CAA name** consent to release, obtain and share all pertinent identifying and non-confidential social, medical and other information about myself that will allow me to benefit from services offered.

In granting such permission, I understand that such information will remain confidential and that such information will only be used for my benefit or to benefit other members of my family. Only **authorized personnel** will share client information needed for service delivery, to track demographic trends, service patterns and the client outcomes achieved. I release **CAA Name** and its staff from any legal liability for disclosing or acquiring information that I have permitted by signing this form. **Unless I make a formal request to CAA Name that I no longer want to participate in the services offered, this release will remain in force for 3 years from today.** The statements made by me on this consent form are true, correct and complete to the best of my knowledge.

Signature of Customer: \_\_\_\_\_ Date: \_\_\_\_\_

I have explained to \_\_\_\_\_ the purpose of this release and the disclosure that might reasonably be anticipated.

Signature of CAA staff member: \_\_\_\_\_ Date: \_\_\_\_\_