



Client Intake Form

(To be filled out by Client)

PLEASE PRINT

Date _____

Applicant

Last Name _____

First Name _____

Address _____

City _____ County _____

Zip Code _____

Telephone # _____

State ID or License# _____

Date of Birth _____

Male _____ Female _____

Total Household Income _____

Employer _____

Other Adult in Home (if applicable)

Last Name _____

First Name _____

State ID or License # _____

Date of Birth _____

Male _____ Female _____

Children and Others in Household

Name	Birth Date
_____	_____
_____	_____
_____	_____

How can TSA assist you? Briefly describe your need.

NOTICE: The Salvation Army is authorized to verify the information provided. Information may be shared with other agencies if needed for the purpose of obtaining assistance. If further information is disclosed, TSA reserves the right to re-evaluate our pledge of assistance.

Applicant Signature _____

*Name of TSA Volunteer taking the Application (**PRINT**) _____