



1. Intake Summary

Intake Date MM/DD/YYYY

Intake Staff Name

Program Name

Client ID (Computer Generated)

2. Basic Client Profile (Universal Data Elements)

First Name MI Last Name Suffix

Form with fields for SS#, Date of Birth, SS Quality, Gender, Ethnicity, Race, Veteran Status, Disabling Condition, Residence Prior to Program Entry, Length of Stay in Previous Residence, Housing Status, Zip Code of Last Perm. Residence, and Zip Code Type.