



New Client Intake Form

(413) 442-3181 X 0 (413) 281-2821

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Please complete this entire intake form to guarantee a quick turn-around time.

Who is completing this form? Client Community Navigator Outside Agency

Interviewer Name and Agency: _____

1. Name: _____

2. Address: _____ City _____ Zip Code _____

3. Phone number: (_____) - _____ - _____

4. Email address: _____

5. Gender: Male Female Self-describe: _____

6. Marital Status: Single Married Divorce Widow Separated

7. Veteran: Yes No 8. Disabled: Yes No 9. Senior: Yes No

10. Race: _____ 11. Ethnicity: _____

12. Housing: Renter Homeowner Living with Others Homeless

13. Education Level: _____

14. Head of Household: Would you say you can carry on a conversation in English, both understanding and speaking? Very Well Well Not Well Not at all

15. Would you be interested in taking classes to learn English? Yes No

17. List the names and ages of all household members.

	Name	Date of Birth
1		
2		
3		
4		

