



SAN FRANCISCO

OFFICE OF ECONOMIC &
WORKFORCE DEVELOPMENT

Client Intake Form

1. Please complete and review this form with client.
2. Keep on file for five years.
3. Completed all items unless noted as optional.

First Name: _____ Last Name or Client ID: _____ Pronouns: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

Email Address: _____ Date of Birth: ____/____/____
(Optional)

1. Race and Ethnicity

Which best describes your ethnicity?

(Mark one. Please also select from the "race" options below)

- ☐ Hispanic/Latino
☐ Not Hispanic/Latino

Which best describes your race?

(Mark all that apply)

- ☐ American Indian/Alaskan Native
☐ Asian
☐ Black/African American
☐ Native Hawaiian/Other Pacific Islander
☐ White

2. Gender Identity and Sexual Orientation

What is your gender?

(Mark the one that best describes your current gender identity)

- ☐ Female
☐ Male
☐ Genderqueer/Gender Non-binary
☐ Trans Female
☐ Trans Male
☐ Not Listed. Please Specify: _____

How do you describe your sexual orientation or sexual identity?

(Mark one)

- ☐ Bisexual
☐ Gay/Lesbian/Same-Gender Loving
☐ Questioning/Unsure
☐ Straight/Heterosexual
☐ Not listed. Please Specify: _____
☐ Decline to answer

3. Language

What is your primary language spoken at home?

(Mark ONE)

- ☐ Chinese – Cantonese
☐ Chinese – Mandarin
☐ English
☐ Filipino
☐ Russian
☐ Spanish
☐ Vietnamese
☐ Other Language. Please Specify: _____

4. Family Size and Income

Which best describes your family? A family includes a single person or a group of people living together. (Mark ONE)

- ☐ Single Headed Family
☐ Dual Headed Family

Number of persons living in your family (including yourself):

Estimated income for next 12 months for all adult members:

\$ _____

5. Income Certification

Interviewer: Review the income level of the client and indicate the source of information used to verify this information below. Note that, for these purposes, once a person is determined to be L/M income, he/she may be presumed to continue to qualify as such for up to a three-year period. This would enable the provision of general support services to such a person during that three-year period, without having to check to determine whether the person's income has risen. Reference: §570.208(a)(2)(iii)

- | | | |
|--|--|--|
| <input type="checkbox"/> Payroll Stub | <input type="checkbox"/> Public Benefits | <input type="checkbox"/> Self-Certified. Please explain below: |
| <input type="checkbox"/> Tax Return | (For example, CalWorks, CalFresh, | |
| <input type="checkbox"/> Unemployment Benefits | Medi-Cal, CAAP, SSDI, SDI) | |
| <input type="checkbox"/> Veteran's Benefits | <input type="checkbox"/> Rental Assistance | |
| | (For example, Section 8 voucher) | |

Select the correct family income level.

(Review and circle the income level of the client. Number of persons in section 4. Family Size and Income must match this section. If number of family members is greater than eight persons, refer to instruction sheet.)

Family of:	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
Extremely Low Income	\$0 – 36,550	\$0 – 41,800	\$0 – 47,000	\$0 – 52,200	\$0 – 56,400	\$0 – 60,600	\$0 – 64,750	\$0 – 68,950
Low Income	\$36,551-60,900	\$41,801-69,600	\$47,000-78,300	\$52,201-87,000	\$56,401-94,000	\$60,601-100,950	\$64,750-107,900	\$68,950-114,850
Moderate Income	\$60,901-97,600	\$69,601-111,550	\$78,301-125,500	\$87,001-139,400	\$94,001-150,600	\$100,951-161,750	\$107,901-172,900	\$114,851-184,050
Above Moderate Income	\$97,601 or greater	\$111,551 or greater	\$125,501 or greater	\$139,401 or greater	\$150,601 or greater	\$161,751 or greater	\$172,901 or greater	\$184,051 or greater

I hereby certify that, to the best of my knowledge, the above statements are true and correct. I understand this information is subject to verification only by authorized HUD (U.S. Department of Housing & Urban Development) for federally funded grants.

CLIENT

Client Printed Name

Client Signature

Date

INTERVIEWER

Interviewer Printed Name

Interviewer Signature

Date