

Charitable Union Client History Form – FILLABLE

Name: _____ Sex: M ___ or F ___ Date of Birth _____

Social Security # _____ Are you a Veteran: Yes ___ or No ___

Race: White ___ Black ___ Asian/Pacific ___ Am. Indian ___ Hispanic ___ Other ___ (Check one)

Are you Homeless: Yes ___ or No ___ (Check Yes if you are living in someone else's home, at a group home such as SAFE Place, Inasmuch House, Haven of Rest or another site.)

Address: _____ City _____ MI Zip Code _____

Phone: _____ School District: _____

Marital Status: Married ___ Single ___ Divorced ___ Widow ___ Separated ___ (Check one)

Highest level of Education: High school/equivalent not completed ___ High school/equivalent completed ___
Some college ___ Associates degree completed ___ Bachelor's degree completed ___ Graduate degree completed ___

Your Income: Employer _____ Monthly Amount \$ _____

Other Income SS ___ SSI ___ Pension ___ Food Stamps ___ Monthly Amount \$ _____

Other Income Sources _____ Monthly Amount \$ _____

Name of Spouse/Significant Other	Sex	Date of Birth	Social Security Number	Veteran	Race	Homeless
				Y ___ N ___		Y ___ N ___

Spouse/Significant Other's Income: Employer: _____ Monthly Amount \$ _____

Other Income SS ___ SSI ___ Pension ___ Food Stamps ___ Monthly Amount \$ _____

Other Income Sources _____ Monthly Amount \$ _____

Children/Others in the Home	Sex	Date of Birth	Social Security Number	Veteran	Race	Homeless
				Y ___ N ___		Y ___ N ___
				Y ___ N ___		Y ___ N ___
				Y ___ N ___		Y ___ N ___
				Y ___ N ___		Y ___ N ___
				Y ___ N ___		Y ___ N ___

You may use the back side of this sheet to list information for additional children or income information for children.

Are any of the children employed? If yes, list child's name, name of employer and \$ amount of monthly income on back of this form.
Do any of the children receive SS, SSI or other type of income? If so, list child's name and \$ amount they receive each month on back of this form.

Date _____ Client Signature _____

Date _____ Name of Agency making referral _____ Staff Name _____