

Charitable Union Client History Form – Please Print

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

Social Security # _____ **Are you a Veteran:** Yes or No (circle one)

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

Are you Homeless: Yes or No (Circle 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)

Your Income: Employer _____ **Monthly Amount \$** _____

Other Income SS ___ SSI ___ Pension ___ **Monthly Amount \$** _____

Other Income Sources _____ **Monthly Amount \$** _____

Name of Spouse	Sex	Date of Birth	Social Security Number	Veteran	Race	Homeless
				Y N		Y N

Spouse’s Income: Employer: _____ **Monthly Amount \$** _____

Other Income SS ___ SSI ___ Pension ___ **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** _____

Charitable Union phone number (269)964-7234

Charitable Union Fax (269)966-2535