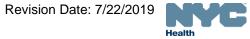
## INTAKE ASSESSMENT – Emergency Financial Services (EFS)

Client Name:        Intake Date:      /         Client Record #:      / dd / yyyy					
Program Staff: Complete this form through a combination of client interview and chart review at intake.  All sections and questions are required unless stated otherwise.					
I. Clinical Information Chart Review and/or Client Interview					
HIV Status: (Check only one) ☐ HIV+, Not AIDS ☐ HIV+, AIDS status unknown ☐ CDC-Defined AIDS					
Optional HIV Diagnosis Date:/(mm/dd/yyyy)					
Optional If AIDS, AIDS Diagnosis Date:/(mm/dd/yyyy)					
Optional HIV Risk Factor: (Check all that apply)  MSM					
II. Client Information  Chart Review and/or Client Interview					
Total number in household <i>(including the client)</i> :					
Current employment status: (Check only one)  □ Full-time □ Part-time □ Unemployed □ Unpaid volunteer/peer worker					
☐ Out of workforce (e.g., retired, on disability) ☐ Other (Specify:) ☐ Declined					
Highest level of education achieved: (Check only one)					
□ No schooling □ 8th grade or less □ Some high school □ High School/GED or equivalent □ Some college □ Bachelors/technical degree □ Postgraduate □ Declined					
Primary Language Spoken (i.e., at home): (Check only one)					
□ English □ Spanish □ Other (Specify:) □ Declined					
If Primary Language is not English: Secondary Language Spoken: (Check only one) □ English □ Spanish □ Other (Specify:) □ Declined					
Country of Birth: (Check only one)					
□ USA □ US territory/dependency (○ Puerto Rico ○ Other - Specify:) □ Other country (Specify:) □ Declined					
III. Insurance Information Chart Review and/or Client Interview					
Insurance Status:  ☐ Uninsured ☐ Insured					
If insured, complete the table on the next page to indicate insurance types that are in effect for client at assessment. Otherwise, SKIP to Section IV.					



Insurance Type	Insurance details				
☐ Private	(Check only one) O Employer plan	⊙ Individual p	olan		
□ ADAP/ADAP+	(Check all that apply) O ADAP (Rx Coverage)	O ADAP Plus (Outpatient Medical Care			
☐ Medicaid or CHIP	(Check only one plan type) O SNP (special needs plan) O FFS (fee-for-service)	<ul><li>MCO (managed care organization)</li><li>Not sure which type</li></ul>			
☐ Medicare					
☐ Military, VA, Tricare					
☐ IHS (Indian Health Service					
☐ Other Public Insurance					
V. Financial Information			Client Interview		
What is your annual househo	old income? \$	per year			
V. Other Needs			Client Interview		
Are you deaf or do you have serious difficulty hearing?		□ Yes □ No	☐ Not Asked		
	serious difficulty seeing, even	when wearing	glasses (or contact		
concentrating, remembering	al, or emotional condition, do y or making decisions? OR		s difficulty		
Do you have serious difficulty walking or climbing stairs?		☐ Yes ☐ No	☐ Not Asked		
Do you have difficulty dressing or bathing?		☐ Yes ☐ No	■ Not Asked		
	al, or emotional condition, do y g a doctor's office or shopping OR	J?			
Notes:					

Staff Member Completing Form:				
Name:	Signature:	Date:	//	/
			mm / dd /	уууу

