

Client Intake Sheet
 GPDC Client Support Services Unit



Client Information			
Client's Full Name:		Today's Date:	
Client's Phone/Contact Info:		DOB:	
Current Situation: <input type="checkbox"/> Out on Bail <input type="checkbox"/> Pending Release (within next 30 days) <input type="checkbox"/> Released			
<input type="checkbox"/> Incarcerated at (location):			
Name of Jail:		Inmate #:	
If incarcerated, are video visits or email options available? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW			
Client's primary address/living arrangements:			
Do you have health insurance? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Education History			
Educational Level (select one):		<input type="checkbox"/> Some college or tech school	
<input type="checkbox"/> less than 12 years – enter grade completed		<input type="checkbox"/> College Graduate	
<input type="checkbox"/> None	<input type="checkbox"/> High School Grad/GED		
Client Social Support Contacts			
Name	Relationship Type	Contact	
Court Information			
Court Date(s)	Court Time(s)	Court Building & Room	Type of Hearing
Brief Needs Assessment **Required** (check all that apply)			
<input type="checkbox"/> Food		<input type="checkbox"/> Shelter	
<input type="checkbox"/> State ID		<input type="checkbox"/> Toiletries (soap, toothpaste/toothbrush, tissue, deodorant, etc.)	
<input type="checkbox"/> Transportation (for doctor appointments/treatment, etc.)		<input type="checkbox"/> Medical/Dental	
<input type="checkbox"/> Social Security Card		<input type="checkbox"/> Mental health treatment	
<input type="checkbox"/> Birth Certificate		<input type="checkbox"/> Childcare	
<input type="checkbox"/> Substance abuse treatment			
<input type="checkbox"/> Other:			