

**2024 CLIENT INTAKE FORM**

Please provide the following information for your client’s participation in the 100 Neediest Cases program for 2024 as required in the Memorandum of Understanding. **PLEASE PRINT OR TYPE INFORMATION.**

|  |  |
| --- | --- |
| **Date** |  |
| **Agency Name** |  |
| **Case Worker Name** |  |

***\* DENOTES REQUIRED INFORMATION***

**CLIENT PERSONAL INFORMATION**

|  |  |
| --- | --- |
| **\*Client First Name** |  |
| **\*Client Last Name** |  |
| **\*Client Social Security Number** |  |
| **\*Client Address** |  |
| **Client Address Line 2 Unit/Apartment Number** |  |
| **\*City / State / Zip Code** |  |
| **\*Client Email Address** |  |
| **\*Client Phone Number** |  |
| **\*Client Date of Birth** |  |

**\*LEVEL OF APPEAL:  LEVEL 1  LEVEL 2**

\*Total number of ADULTS in household:

\*Total number of CHILDREN (Age 17 and under) in household:

**\*MONETARY DISBURSEMENTS:**

* **Disburse funds to Client Name**
* **Disburse funds to another Person, Agency or Entity:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **\*INDICATE COUNTY OF RESIDENCE** | | | | | | | |
| Franklin (MO) |  | St. Louis City (MO) |  | Clinton (IL) |  | Madison (IL) |  |
| Lincoln (MO) |  | St. Louis County (MO) |  | Greene (IL) |  | Monroe (IL) |  |
| Jefferson (MO) |  | Warren (MO) |  | Jersey (IL) |  | Randolph (IL) |  |
| St. Charles (MO) |  | Calhoun (IL) |  | Macoupin (IL) |  | St. Clair (IL) |  |

**\*Verification of Client Information.** Check if proof has been provided and copies maintained in client files to verify the following.

Proof of Social Security Number

Proof of Residential Address

Proof of Income

Proof Client Meets 125% of the Federal Poverty Guidelines

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 2024 FEDERAL POVERTY GUIDELINES (125%)\* | | | | | |
| # in Family | Annual | Monthly | # in Family | Annual | Monthly |
| **1** | $ 18,825 | $ 1,568.75 | **4** | $ 39,000 | $ 3,250.00 |
| **2** | $ 25,550 | $ 2,129.17 | **5** | $ 45,725 | $ 3,810.42 |
| **3** | $ 32,275 | $ 2,689.58 | **6** | $ 52,450 | $ 4,370.83 |

# \*CLIENT CASE STORY

|  |
| --- |
| **Briefly describe the client’s case demonstrating critical and compelling need. Level 1 Cases must present at least three (3) documented/verified unmet needs. Level 2 Cases must present at least two (2) documented/verified unmet needs.** |
|  |

**\*CLIENT’S FAMILY INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **\*Family Member’s First Name and Last name/Initial (either is accepted)** | **\*Relationship to Client** | **\*Gender** | **\*Age** | **Sizes**  **(clothing/shoes)** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |

**\*DISABILITY:**   **Yes  No**

|  |
| --- |
| Describe Disability: |

**\*CLIENT’S INCOME** *(Indicate Monthly/Annually***):**

Salary/Wages $  Unemployment $

Social Security $  SSI/Disability $

Retirement Income $  Food Stamps $

Foster Care Income $

Other:

Describe:

**\* CLIENT’S EXPENSES** *(Indicate Monthly/Annually***):**

Rent/Mortgage $  Food $

Utilities $  Medical $

Transportation $  Child Care $

Other:

Describe:

**\*CLIENT’S NEEDS**

Cash for Gift Certificates  Food

Utilities - Gas  Medical

Utilities – Electric  Transportation

Rent/Mortgage  Household Items

Tuition/Education  Appliances

Clothing/Shoes  Furniture

Toys  Home Repair

Other:

Describe:

**\*CLIENT ACKNOWLEDGEMENT**: The information presented is accurate. I authorize release of information to the 100 Neediest Cases program, and I agree to comply with the requirements outlined for the 100 Neediest Cases program for 2024.

**CLIENT’S SIGNATURE DATE**

**CLIENT’S NAME (PRINT) DATE**

**\*AGENCY ACKNOWLEDGEMENT**: The information presented is accurate, and I agree to comply with the requirements outlined for the 100 Neediest Cases program for 2024.

**CASEWORKER/AGENCY SIGNATURE DATE**