

**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**