

Boca Helping Hands Client Form

Date: _____ Have you been here before? **Yes** **No**

Last Name: _____ First Name: _____

Address: _____ Apt. _____ Birth Date: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email: _____

Gender: Male/Female **Language:** English, Spanish, Portuguese, Creole, Other: _____

Ethnicity: _____ Referral Source: _____

Marital Status: _____ Spouse's Name: _____ Date of Birth: _____

Number of adults and children living with you: _____

First Name	Last Name	M/F	Date of Birth	Relationship
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Monthly Income

Monthly Expenses

Family Salary: \$ _____

Rent \$ _____ Mortgage Payment \$ _____

Social Security: \$ _____

Phone \$ _____ Food \$ _____

Pension: \$ _____

Water \$ _____ Electricity \$ _____

Food Stamps: \$ _____

Medical Ins. \$ _____ Meds \$ _____

Unemployment \$ _____

Car Ins. \$ _____ Gas \$ _____

Disability \$ _____

Car Loan: \$ _____ Cable/Internet \$ _____

Child Support \$ _____

Child Care \$ _____ Credit Card \$ _____

Other: \$ _____

Other \$ _____

I agree that the information provided is, to the best of my knowledge, complete and accurate. I grant permission to Boca Helping Hands to contact my employer, landlord, or other sources for verification purposes as needed to better assist me.

I understand that the information that is being requested falls under the scope of Boca Helping Hands' privacy/confidentiality policy which is available on our website and is also available upon request.

Client Signature

Resource Screener