



## Foreclosure Prevention Housing Counseling Intake Form

Time: \_\_\_\_\_

Date: \_\_\_\_\_

Customer #: \_\_\_\_\_

Program: Foreclosure Prevention Housing Counseling

Site: CRT 330 Market St., Hartford, CT 06120

**PLEASE COMPLETE THE FOLLOWING INFORMATION.**

ALL INFORMATION WILL BE HELD IN STRICTEST CONFIDENCE BY ALL CRT STAFF AND WILL BE USED SOLELY FOR THE PURPOSE OF IDENTIFYING SERVICES THAT YOU MAY BE INTERESTED IN GETTING MORE INFORMATION ABOUT.

Name: \_\_\_\_\_ Telephone# (H): \_\_\_\_\_ (W): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ S.S#: \_\_\_\_\_

Email address: \_\_\_\_\_

# Adults in Household: \_\_\_\_\_ # Children in household: \_\_\_\_\_ DSS Client ID #: \_\_\_\_\_

Living Arrangements: \_\_\_\_\_ Family Type: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Primary Language: \_\_\_\_\_

**Family/Household Member Characteristics:**

Name	Relationship	Social Security #	M/F	DOB	Age	Ethnicity/Race	Education Level	Annual Income
	SELF							

**Income:** Do you receive income from any of the following sources? (Check all that apply)

- ☐ Employment ☐ Disability ☐ Pending Disability ☐ Social Security ☐ Pending Social Security ☐ Pension ☐ Child Support  
☐ Alimony ☐ Rental Income ☐ Other

**Employment:** Do you have a job? ☐ Yes ☐ No

Is It ☐ Full Time or ☐ Part Time?

**Education:** Have you earned a High School Diploma or GED? ☐ Yes ☐ No

**Training:** Do you have any skills that can get you a job? ☐ Yes ☐ No

**Housing:** Do you live in affordable, safe housing? ☐ Yes ☐ No

**Transportation:** (Fill in the blank that best describes your transportation situation.)

- Do you have access to a car, public transportation or a regular ride? ☐ Always ☐ Most of the time ☐ Sometimes  
☐ Rarely ☐ No

**Childcare:** (Check all that apply)

☐ I have NO children    ☐ I need childcare

- ☐ My child is enrolled in a licensed childcare of my choice that is:    ☐ UNSUBSIDIZED    ☐ SUBSIDIZED  
☐ My child gets childcare from a family member or friend    ☐ My child is on a waiting list for childcare  
☐ My child is not enrolled in a childcare facility

**Eldercare:**

Do you care for an elderly person?    ☐ Yes ☐ No    If yes, do you need elder care but cannot afford it?    ☐ Yes ☐ No

**Health Insurance:** (Choose all that apply)

Check the box that best describes your children's health insurance.

☐ I have no children    ☐ All have health insurance    ☐ Some have health insurance    ☐ None have health insurance

Check to box that best described your health insurance.

☐ All adults have health insurance    ☐ Some adults have health insurance    ☐ No adults have health insurance

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**Customer Confidentiality and Release of Information Consent**

I \_\_\_\_\_, give CRT consent to release, obtain and share all pertinent identifying and non-confidential social, medical and other information about myself that will allow me to benefit from services offered.

In granting such permission, I understand that such information will remain confidential and that such information will only be used for my benefit or to benefit the minor members of my family. I release CRT and its staff from any legal liability for disclosing or acquiring information that I have permitted by signing this form. The Statements made by me on this application are true, correct and complete to the best of my knowledge.

Signature of Customer: \_\_\_\_\_ Date: \_\_\_\_\_

I have explained to \_\_\_\_\_ the purpose of this release and the disclosure that might reasonably be anticipated.

Signature of CAA staff member: \_\_\_\_\_ Date: \_\_\_\_\_

----- Do not write below this line, Staff use only -----

Case Management Referral: Y/N    Food Stamps/Training Referral: Y/N    Childcare Referral: Y/N    EFPP Referral: Y/N

Neighborhood Services Referrals: Y/N    Declined Screening/Referrals: Y/N

Program Entry: \_\_\_\_\_ Action Plan: \_\_\_\_\_ Date: \_\_\_\_\_