



CONFIDENTIAL ADVOCACY INTAKE FORM

Client Information

Date: _____

Client Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

New Required Field: County: _____

Employer: _____

If unemployed, last date of employment: _____

Please check all that apply: (This information is for statistical purposes only and is not used when considering a referral)

☐ Male

☐ African American

☐ Hispanic

☐ Asian

☐ Female

☐ Caucasian

☐ Native American

☐ Other _____

Marital Status _____

Describe reason for services request:

What steps, as a Referral Agent, have you taken to resolve the issue?

(required information - we are unable to consider a request if this field is left blank)

Amount Requested: \$ _____

Requested by: _____

Union/Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Signature of Counselor/Referring Party: _____

Please attach copy of all supporting documents (i.e. shut off notices, evictions, etc.)