



Emergency Solutions Grant
Client Intake Form

Agency/Program

Entry Date:

Tarrant County Community Development Division
1509B S. University, Suite 276, Fort Worth, Texas 76107 phone: 817/850-7940 fax: 817/850-7944

Client Name: DOB: SSN:
Ethnicity: Race: Gender:
Marital Status: Military Status: Current Employer:
Total Monthly Income From Employment:

Other Adult: DOB: SSN:
Ethnicity: Race: Gender:
Marital Status: Military Status: Current Employer:
Total Monthly Income From Employment:

OTHERS LIVING IN THE HOME

Client Name: Gender: Date of Birth:
Client Name: Gender: Date of Birth:
Client Name: Gender: Date of Birth:
Client Name: Gender: Date of Birth:

Who referred the client/household to this program?
Was the client/household chronically homeless before entering the program?

Type of Disability (check all that apply)

- Alcohol Abuse
Severe Mental Illness
Both Severe Mental Illness & Chronic Substance Abuse
HIV/AIDS
Drug Abuse

Other:

Client/Household Cash Income Sources
Upon Entering the Program

- Employment Income
Child Support
Unemployment Benefits
No Financial Resources
SSDI
Veterans Benefits
Alimony
SSI
Retirement
TANF
Other:

Total Monthly Income (all cash sources):



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Address of Housing Unit:
(Where client will be housed)

Number of Bedroom In Unit:

Anticipated Move in Date:

**Case
Management
Plan:**

Term of Lease:

Monthly Rent: _____ **Monthly Security Deposit:** _____ **Monthly Client Rent:** _____

Comments:

Case Manager Assigned:

Please Attach a Copy of the Housing Quality Standards (HQS) Inspection Checklist

_____ **Tarrant County Use Only** _____

ELIGIBLE

INELIGIBLE

APPROVED BY:

DATE: