

New Client Information

Thank you for choosing Jewish Family Services! Please fill the information below to the best of your ability:

Have you received any services from Jewish Family Services before? Yes No

Name: _____

Date of Birth: _____

Client Type: Adult Caregiver Child/Adolescent/Teen Older Adult Student (higher education) Other

If a minor, please include:

Parent/Guardian name(s): _____

Custody arrangement (if applicable): _____

How did you hear about JFS? Email Social Media Website Friend/Family Previous Client

Provider/Agency Synagogue/Jewish Organization Other

Phone (H): _____ Phone (C): _____

Email address: _____

Address: _____

Please choose your preferred method of contact: Email Phone (H) Phone (C)

May we leave a voicemail? Yes No

Gender: _____ Race: _____ Ethnicity: _____

Primary Language: _____ Secondary Language: _____

Marital Status: _____

Religion: _____

If Jewish, is this an interfaith family? Yes No

Are you a member of a congregation? Yes No If yes, which congregation?: _____

Are you a Holocaust survivor? Yes No

Are you a veteran? Yes No

Do you live at or below the poverty line? Yes No

Do you have a disability? Yes No

If yes, please explain:

New Client Information

Household:

Do you live alone? Yes No If no, how many people including you live in your home? _____

Employment/School Information:

Please check: Employed Unemployed Retired Student Other: _____

Occupation/School: _____

Social Services:

Do you receive SNAP benefits? Yes No

Do you receive TANF benefits? Yes No

Do you receive supplemental security income? Yes No

Do you receive subsidized housing? Yes No

Do you receive supplemental security income? Yes No

Do you receive Medicare? Yes No

Do you receive a child tax credit? Yes No

Please list all other services received (if applicable):

Emergency Contact Information: In case of emergency, who should be notified?

Name: _____

Phone (H): _____

Phone (C): _____

Relationship: _____