

Client Intake Form – Social Services

Agency Name: _____

Date: ____ / ____ / ____

Client ID (if applicable): _____

1. Personal Information

Field	Response
Full Name	_____
Date of Birth	____ / ____ / ____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other: _____
Social Security Number (last 4 digits)	XXX-XX-____
Phone Number	(____) _____
Email Address	_____
Home Address	_____
City / State / Zip	_____

2. Household Information

Field	Response
Total number of people in household	_____
Number of children under 18	_____
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partnership
Do you have any dependents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list names and ages:	_____

3. Housing Situation

Field	Response
Current Living Situation	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless <input type="checkbox"/> Staying with friends/family <input type="checkbox"/> Temporary shelter
Monthly Rent/Mortgage	\$_____
Are you at risk of eviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Employment & Income

Field	Response
Employment Status	<input type="checkbox"/> Employed full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Disabled
Employer (if applicable)	_____
Monthly Household Income	\$_____
Sources of Income (check all that apply)	<input type="checkbox"/> Wages <input type="checkbox"/> SSI/SSDI <input type="checkbox"/> TANF <input type="checkbox"/> Unemployment <input type="checkbox"/> SNAP <input type="checkbox"/> Child Support <input type="checkbox"/> Other: _____

5. Health & Disability

Field	Response
Do you have any disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify:	_____
Do you have health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what type?	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> Marketplace <input type="checkbox"/> Other: _____

6. Services Requested

- ☐ Food Assistance
- ☐ Utility Assistance
- ☐ Housing Support
- ☐ Job Placement
- ☐ Transportation

- ☐ Medical Services
 - ☐ Mental Health Services
 - ☐ Substance Use Support
 - ☐ Childcare
 - ☐ Other: _____
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7. Emergency Contact

Field	Response
Name	_____
Relationship	_____
Phone	(____) _____

8. Consent & Signature

I certify that the information provided is true and accurate to the best of my knowledge. I understand that this information will be used to determine my eligibility for services.

Signature: _____

Date: ____ / ____ / ____



Instructions for Participants

“You will now read a short paragraph that has been altered to mimic common challenges experienced by individuals with learning differences such as dyslexia. Read slowly and try your best to understand it. Take note of how it makes you feel — frustrated, confused, tired, etc. That’s part of the experience.”



The Reading Passage (Jumbled Simulation)

This is a sample text designed to simulate how it might feel for someone with a learning disability to read. The words are jumbled but the first and last letters are in the right place. You can still read the words, but it takes more effort and concentration.

Imagine the meaning in text like this can be exhausting and time-consuming. Imagine having to do this all day at school or at work. People with dyslexia and other reading difficulties often face this kind of struggle.

It's not a matter of intelligence — it's a matter of accessible resource and support.



Reflection Questions (written or group discussion):

1. How did this reading activity make you feel?
 2. What strategies did you use to understand the text?
 3. How would it feel to read like this every day?
 4. How might this affect a person's confidence or performance in school or work?
 5. What changes could be made to make reading more accessible for people with learning disabilities?
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Optional Add-On: Discussion Prompt

"Imagine you're a teacher, boss, or peer working with someone who finds reading this hard. What accommodations or support would you offer to help them succeed?"



Instructions (Simulated Version)

1. Take a sheet of red paper.
 2. Using a marker, draw a big circle in the center.
 3. Cut a strip of paper about 1 inch wide and 4 inches long.
 4. Tape the strip on the back of the circle to make a holder.
 5. Hold up your finished circle and wave it!
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Reflection Questions

1. How easy or hard was it to complete the task?
2. What made it frustrating?

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3. Did you feel rushed, confused, or discouraged at any point?
4. Imagine doing this in a classroom or job setting — how might that affect your confidence or participation?
5. What strategies or supports would have helped you succeed?