



Empowering Lives, Enriching Neighborhoods

Multicultural Resources Intake Form

In-Person Consultation

Telephone Consultation

Date: _____ Name: _____ Birth Date: _____
Address: _____ City: _____ State: _____ Zip code : _____
Ward: _____ Census Tract: _____ Home (_____) _____ Cell (_____) _____
Gender: Male __ Female __ Senior: yes ___ no ___ Disabled: yes ___ no ___
Race: Black/African American __ Asian __ Caucasian __ Latin@/Hispanic __ Other: _____
Income: \$ _____ (monthly/annual) Income Source: _____
No. of Persons in Household: Adults ___ Children ___
Housing Status: Rent ___ Own ___ Homeless ___ Homeless Shelter ___
Highest Level of Education Completed: _____

How did you hear about us? _____

Case Type: Immigration ___ Housing ___ Education ___ Health Care ___ Translation ___
Advocacy ___ Community Awareness ___ Other: _____

Identify Specific Need: _____

(THIS SECTION TO BE COMPLETED BY NORTHSIDE COMMUNITY RESOURCES)

Services Provided:

- Direct Referral: _____
- Direct Support Services: _____
- Home Visit Other (specified below)

Notes: _____

