



Client Intake Form

Date of Intake: _____

Staff Member Completing Form: _____

1. Primary Contact Information

Full Name: _____

Relationship to Child or Individual in Crisis: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

2. Household Information

Total Household Size (including self): _____

Number of Children in the Household: _____

Are you the legal guardian of the child/family member in crisis? ☐ Yes ☐ No

Do you currently have stable housing? ☐ Yes ☐ No (please explain): _____

3. Demographic Information

Race/Ethnicity of child needing assistance (check all that apply):

☐ American Indian/Alaska Native

☐ Asian

☐ Black/African American

☐ Hispanic/Latino

☐ Native Hawaiian/Pacific Islander

☐ White/Caucasian

☐ Multiracial

☐ Other: _____

☐ Prefer not to answer

Primary Language Spoken at Home: _____

Is anyone in your household a veteran? ☐ Yes ☐ No

4. Income and Financial Information

Employment Status of Primary Earner:

☐ Employed Full-Time ☐ Employed Part-Time ☐ Unemployed

☐ Self-Employed ☐ Retired ☐ Other: _____

Estimated Yearly Household Income:

☐ \$0 – \$19,999

☐ \$20,000 – \$39,999

☐ \$40,000 – \$59,999

☐ \$60,000 – \$79,999

☐ \$80,000 – \$99,999

☐ \$100,000 – \$119,999

☐ \$120,000 – \$139,999

☐ \$140,000 – \$149,999

☐ \$150,000+

Income Sources (check all that apply):

☐ Employment

☐ Social Security

☐ Disability Benefits

☐ Unemployment

☐ SNAP/WIC

☐ Child Support

☐ Donations/Community Support

☐ Other: _____

5. Assistance Request (Check all that apply)

☐ Housing Support (e.g. rent, mortgage, or lodging due to crisis)

☐ Funeral or Burial Assistance

☐ Transportation Support (e.g. car repairs for medical access)

☐ Basic Needs (e.g. groceries, hygiene products)

☐ Medical or Accessibility Equipment (e.g. wheelchair, ramp)

☐ Other: _____

Amount of Financial Assistance Requested: \$ _____

6. Brief Description of Crisis or Need

Please provide a short explanation of the situation and the assistance you are seeking (if requesting assistance with a bill, please provide a copy):

7. Consent and Signature

I affirm that the information provided in this form is true to the best of my knowledge. I understand that submission of this form does not guarantee assistance, and that Maisy & Marley's Purpose will review requests based on need and available resources. Unless otherwise noted, all financial support provided will be paid directly to the debtor. Aid may only be requested once every six months.

Signature: _____

Date: _____

Please email your form to maisymarleypurpose@gmail.com

Office Use Only – Approval/Denial

☐ Approved ☐ Denied

Date of Decision: _____

Reason for Denial: _____

Amount Approved: \$ _____

Payment Made To: _____

Description of What Was Paid For:

Staff Signature: _____ Date: _____