



Senior Engagement New Client Intake

Grant Source: ☐CSS ☐CFJS ☐JFS/SE

Name: _____ DOB: ____/____/____ Today's Date: ____/____/____ Age: ____

Gender: _____ Holocaust Survivor? ☐Yes ☐No Veteran? ☐Yes ☐No LTC Insurance? ☐Yes ☐No

Address: _____

Phone(s): _____ Check if JFS is authorized to leave message ☐

Email: _____ Race: _____ Religion: _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed (date) _____

Living Situation: ☐ Alone ☐ With Family _____ ☐ Community _____

Name/contact information other family: _____

Yearly Household Income: _____ Source: _____

In Case of Emergency, Please Contact the Following Individual:

Name: _____ Relationship: _____

Preferred Phone Number: _____

How did you hear about JFS: ☐Clergy ☐Friend / Family ☐JFS Marketing ☐Other: _____

Synagogue or Church Affiliation: _____

Reason for JFS Involvement: _____

Identified Needs: ☐ Housing ☐ Health Referral ☐ Social ☐ Other _____

Please initial each line:

☐ I agree to allow Jewish Family Services of Greater Charlotte (JFS) to provide services to me.

☐ I will participate in developing a case plan, which will identify goals to work toward, time frames and methods to achieve these goals.

☐ I grant permission for JFS, and their representatives, to communicate with me via email as indicated below. I confirm that the email address that I have given is a private email and I release JFS from any responsibility for access to my private email by any person not authorized by me.

I authorize my case worker to communicate with me via e-mail. Yes ☐ No ☐

I authorize JFS staff to send appointment reminders via e-mail. Yes ☐ No ☐

I would like to receive e-mail communication regarding JFS services and programs. Yes ☐ No ☐

By signing below, I certify that I have answered the questions above honestly and accurately.

Date ____/____/____

Signature of JFS Client or Guardian

Date ____/____/____

Printed Name of JFS Client or Guardian

Date ____/____/____

Signature of JFS Staff/Life Plan Coordinator