Raleigh-Cary JFS Jewish Family Services

New Client Information

Date: _____

Have you been to Jewish Family Services before? □ Yes □ No

Salutation/Title_____

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):_____

Phone (W):_____

Email address: _____

Address: _____

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

May we leave a message? □ Yes □ No

Would you like to sign-up for our newsletter? □ Email Only □ Mail Only □ Email & Mail □ Not at this time

Gender:_____ Race:_____ Ethnicity:_____

Primary Language:_____ Secondary Language:_____

Marital Status:_____ Partner's name:_____

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

Current Needs:

What are your current needs? (Please check all that apply):

□ Case Management □ Financial Assistance □ Food Assistance □ JELF □ Transportation □ Outreach Services
□ Therapy & Counseling □ Volunteer (becoming a volunteer) □ Other:_____

Household:

Do you live alone? □ Yes □ No If no, how many people including you live in your home?_____
Please list all your family members that live in your home:

Name	Date of Birth	Gender	Relationship to client

Employment/School Information:

Please check: □ Employed □ Unemployed □ Retired □ Student □Other: _____

Occupation/School: _____

Name of employer: _____

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:

Raleigh-Cary JFS Jewish Family Services

New Client Information

Medical information:

Primary care physician: _____ Phone: _____

Preferred Hospital/Clinic: _____

Do you have any allergies? □ Yes □ No

Are you using any medication? Please indicate name, dose, and who prescribes: include supplements and over the counter medications used regularly.

Have you been to counseling before? Please list provider, when seen, and reason for therapy.

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

Name: _____

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

Relationship: _____