



MID CITIES CARE CORPS
745 WEST PIPELINE ROAD
HURST, TEXAS 76053

Duane E. Buuck, Executive Director
(817) 282-0531 (817) 282-7980 FAX

Client Intake Record

PERSONAL INFORMATION

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State Zip Code*

Apt. Complex Name or Mobile Home Park Name: _____

Home Phone: _____ **Mobile Phone:** _____

Email: _____ **Are you a Veteran:** _____

Birth Date: _____ **Live With:** Alone Spouse Other: _____ **Property:** Own Rent

Gender: Female Male **Languages:** _____

Race/Ethnicity (circle one): African American Asian Pacific Islander Hispanic Native American White

Annual Income (circle one): less than \$20,000 \$20,000-\$30,000 \$30,000-\$40,000

All Sources \$40,000-\$50,000 greater than \$50,000

HEALTH INFORMATION						
We do NOT transport wheelchairs						
Client Uses:	Wheelchair	Cane	Walker	Pets:	Dog	Cat
Can Transfer from W/C to Seat?	Yes	No		Can Get Into:	Van	Pickup
General Health:	Excellent	Good	Fair	Poor	Use Oxygen?	Yes No
Take Oxygen with you?	Yes	No			Difficulty with Sight?	Yes No
Difficulty Hearing?	Yes	No			Other Information:	

EMERGENCY CONTACT INFORMATION (Must be Completed)			
1st Contact			
Full Name: _____			
_____	_____	_____	_____
<i>Last</i>	<i>First</i>	<i>M.I.</i>	<i>Relationship</i>

_____	_____	_____	
<i>Phone #</i>	<i>Street Address</i>	<i>City, State, Zipcode</i>	
2nd Contact			
Full Name: _____			
_____	_____	_____	_____
<i>Last</i>	<i>First</i>	<i>M.I.</i>	<i>Relationship</i>

_____	_____	_____	
<i>Phone #</i>	<i>Street Address</i>	<i>City, State, Zipcode</i>	

PLEASE FILL OUT THE BACK OF THIS FORM AND SIGN

MCCC PROGRAMS AND SERVICES

****Circle all that Apply****

Transportation: Routine Medical Appointments Grocery Shopping Errands (Bank, etc.)

Helping Hands: Minor Carpentry Minor Electrical Minor Plumbing Painting (Exterior)
Wheelchair Ramp Safety Grab Bars Railings Home Safety Checks
Yard Clean-up Trim Trees Trim Hedges Adopt-a-Lawn
Do You Own: Mower Trimmer Blower Edger

Describe Requested Work, give details: _____

Social Outreach: Phone Friends Visiting Friends Senior Socials Christmas Food & Gift Basket

OTHER INFORMATION

Religious Affiliation: _____ Church Affiliation: _____

Referred By: _____

Additional Comments: _____

Please be advised that a home visit may be part of the intake process.
CONSENT (THIS MUST BE SIGNED)

I give my consent to Mid-Cities Care Corps (MCCC) to enroll me as a client in their program. I further agree that MCCC may share information with other agencies, services, or volunteers on an as-needed basis. I also consent to and authorize the use and reproduction by Mid-Cities Care Corps of any and all photographs and any other audio/visual materials taken as well as any and all printed references of me, my name, and/or any positive comments or anecdotes related to clients for promotional material, educational activities, exhibitions, or for any other use for the benefit of the program. All client information and related materials are considered confidential and will not be divulged to any unauthorized persons.

Client Signature: _____ Date: _____

Client Printed Name: _____

Office Use Only

Database Updated on _____

Database Updated by _____

Welcome Letter Sent on _____

DB Entry Reviewed by _____