

**CLIENT INTAKE FORM**

**USE BLACK INK PEN TO FILL OUT FORM AND WRITE CLEARLY**

**NOTE: If both clients are NOT being tutored, indicate which client is being tutored by writing to side of their name. If known, put both husband and wife names in Contact Information below.**

<u>CONTACT INFORMATION</u>	
<b>HUSBAND</b>	<b>FIRST NAME</b> <b>LAST NAME</b>
<b>WIFE</b>	<b>FIRST NAME</b> <b>LAST NAME</b>
<b>MARITAL STATUS</b>	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
<b>STREET ADDRESS</b>	
<b>CITY, STATE, ZIP CODE</b>	
<b>HOME PHONE</b>	
<b>CELL PHONE</b>	<b>HUSBAND</b> <b>WIFE</b>
<b>EMAIL ADDRESS</b>	<b>HUSBAND</b>
<b>EMAIL ADDRESS</b>	<b>WIFE</b>
<b>DATE(S) OF BIRTH</b>	<b>HUSBAND</b> <b>WIFE</b>
<b>EMERGENCY CONTACT INFORMATION</b>	

<u>STATUS</u>		<u>LANGUAGES</u>		<u>ENGLISH</u>		<u>HOW DID YOU HEAR ABOUT OUR PROGRAM?</u>
<u>HUSBAND</u>	<u>WIFE</u>	<u>HUSBAND</u>	<u>WIFE</u>	<u>HUSBAND</u>	<u>WIFE</u>	
<input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Green Card <input type="checkbox"/> Asylum	<input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Green Card <input type="checkbox"/> Asylum	<input type="checkbox"/> Speak _____ <input type="checkbox"/> Write _____ <input type="checkbox"/> Speak _____ <input type="checkbox"/> Write _____	<input type="checkbox"/> Speak _____ <input type="checkbox"/> Write _____ <input type="checkbox"/> Speak _____ <input type="checkbox"/> Write _____	<input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Studied for _____ Years	<input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Studied for _____ Years	<input type="checkbox"/> Friend <input type="checkbox"/> Internet <input type="checkbox"/> Other English Program <input type="checkbox"/> CUMC Food Pantry <input type="checkbox"/> Other: _____

<u>CHILDREN'S NAMES</u>					
<u>GIVEN NAME</u>	<u>NICK NAME</u>	<u>GENDER</u>	<u>AGE</u>	<u>DATE OF BIRTH</u>	<u>GRADE IN SCHOOL</u>

**HOBBIES:** \_\_\_\_\_  
 (For instance, I like to read, spend time with friends, etc.)  
**(OVER)**

**EDUCATION:** Indicate highest level of education (high school, undergraduate, graduate) for each person:  
**HUSBAND** \_\_\_\_\_ **WIFE** \_\_\_\_\_

**CAREER/FIELD OF STUDY** Indicate major study in college or job for each person:  
**HUSBAND** \_\_\_\_\_ **WIFE** \_\_\_\_\_

**EMPLOYMENT STATUS:** Husband Employed  Yes  No Where: \_\_\_\_\_  
 Wife Employed  Yes  No Where: \_\_\_\_\_

**IS THERE ANYTHING THAT WOULD PREVENT YOUR ATTENDANCE AND/OR LEARNING? IF SO, WHAT?** \_\_\_\_\_

**PERSONAL GOALS (For instance, wish to study English to be able to talk on the phone to make doctor and/or dentist appointments, make friends, etc.)** \_\_\_\_\_

<b>TIMES AVAILABLE</b>			
<b>WEEKDAY</b>	<b>WEEKEND</b>	<b>SPECIFIC DAY</b>	<b>SPECIFIC EVENING</b>
Mornings	Mornings	Monday	Monday
Afternoons	Afternoons	Tuesday	Tuesday
Evenings	Evenings	Wednesday	Wednesday
		Thursday	Thursday
		Friday	Friday
		Saturday	Saturday
		Sunday	Sunday

**STUDENT WAIVER:** We/I give permission to **ESL@Carmel UMC** to share this information with the tutor/teacher and to use the information for program evaluation services. This information will not be made public.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

	<b>HUSBAND</b>	<b>WIFE</b>
Client(s). Please use client's names and indicate if husband or wife only is being tutored.		
Country client came from to USA		
Date Completed Form		
Date Completed Assessment		
Entry Fee (\$20 single/\$30 couple)	Amount   Paid Date	Amount   Paid Date
Tutor Name Assigned		
Date tutoring session began		
Date and time of tutoring session		
If <b>other than CUMC</b> , location of tutoring session		
Exit Date and Assessment Level		