

CLIENT INTAKE SHEET - SOCIAL SECURITY

Date: _____

Referred by: _____

Social Security Number: _____

Name: _____

Telephone No. (____) _____

Address: _____

Date of Birth: _____ Age: _____

City/State/Zip _____

Height: _____ Weight: _____

Marital status: _____

Spouses name & SSN: _____

Email address: _____

Children under age 18 - provide names, dates of birth & Soc. Sec. No.:

Please provide the name and telephone number of closest relative or friend who can be contacted if we are unable to reach you?

Have you applied for: Disability - Yes / No

SSI - Yes / No

List your health problems: _____

Date last worked: _____ Why did you stop working? _____

Where were you employed? _____

What did you do? _____

Have you received an income tax refund within the past 2 years? Yes / No

Education: Last grade completed in school: _____ Maiden Name: _____

School attended: _____ City/State _____

Place of birth: _____ Mother's maiden name: _____ Father's name _____

For office use only:
Intake Attorney: _____

Current stage: _____
Any prior apps. _____