



Monument Crisis Center Intake Form

FOR PARTNER AGENCY/CASEWORKER USE ONLY

We ask each client household to provide additional documents in addition to the Intake Form below to complete their file:

- Photo ID (for any adult 18 or older)
- Medi-Cal or Birth Certificate (for any children under 18)
- Proof of Income for all adults in the household (Paystubs, SSI/SSDI, W2. etc.)
Dated within the past year.
- Proof of Address for the household (Utility Bill, etc) Dated within the past year.

Please email the additional documentation to: tmai@monumentcrisiscenter.org

Or Fax to (925) 825-8732

If there are any questions please contact:

Tuyen Mai at tmai@monumentcrisiscenter.org

PARTNER ORGANIZATION/AGENCY INFORMATION

Organization Name: _____

Name of Caseworker/Agent: _____

Contact Email Address: _____

Contact Phone Number: _____

Client Authorization:

I _____ authorize _____
(Client Full Name) (Organization Name)

to work directly with Monument Crisis Center on my behalf to receive services.

Client Signature: _____ Date: _____

If Client did not sign but authorization has been received, please check and sign.

Signature: _____ Date: _____



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CLIENT HOUSEHOLD

First Name: _____ Last Name: _____

Birthday: ____/____/____ Gender: _____ Marital Status: _____

Phone #: _____ English First Languages? Yes No

Other Languages: _____

Number of People in Household Receiving Food	
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#	Name of People Receiving Food	Gender	Date of Birth	Relationship to Head of Household	Monthly Income	Source of Income	Disabled	Veteran
1				HEAD OF HOUSEHOLD			<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
2							<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
3							<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
4							<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
5							<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
6							<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

If there are additional family members please use the MCC Client Household Form.

Address: _____ Apt#: _____

City & ZIP: _____ Homeless? Yes No

Date Became Homeless: _____

Monthly Household Income	Monthly Rent/Housing Payment

Release of Information:

I authorize Monument Crisis Center Employees to release information concerning myself with agencies that facilitate the services I am obtaining.

Client Signature: _____ Date: _____

If Client did not sign but authorization has been received, please check and sign.

Signature: _____ Date: _____



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DEMOGRAPHIC QUESTIONS

HOUSEHOLD IMPACTED BY COVID?

Employment Housing Health Children Other: _____

OTHER ASSISTANCE?

Medi-Cal Medicare Section 8 EDD/Unemployment
 CalWORKS General Assistance SSI SSDI
 WIC CalFresh/Foodstamps VA

HISPANIC ETHNICITY?

Hispanic Non-Hispanic

RACE/ETHNICITY?

White
 Native Hawaiian/Pacific Islander
 Asian
 Asian & White
 Black/African American
 Black/African American & White
 American Indian/Alaskan Native
 American Indian/Alaskan Native & White
 American Indian/Alaskan Native & Black/African American
 Other/Multi-Racial:

Additional Notes: