## Client Cover Sheet

# IPW, INC.

## Case #:

|  |
| --- |
| Personal Information |
| Full Name: |  |  |  |
|  Last | First | M.I. |
| Address: |  |  |
|  Street Address | Apartment/Unit # |
|  |  |  |  |
|  City | State | ZIP Code |
| Home Phone: | ( ) | Alternate Phone: | ( ) |
| E-mail Address: |  |
| Social Security Number or Government ID: |  |
| Birth Date: |  | Marital Status: |  |
| Checklist for Completion:  | Client Intake Form Ω Personal Monthly Budget for Financial Assistance ONLYΩSuccess PlanΩParent Release Media FormΩConsent FormΩAcknowledgement for financial assistanceΩTime Sheet for Volunteer ServicesΩEmergency Contact FormΩTravel PermissionΩDetermination LetterΩHealth Info Release FormΩHIPAAΩ Copy of DL or IDΩCopy of Birth CertificateΩCopy of Social Security CardΩPrevious Years Tax Return or last four pay check stubs(Financial Only) Ω Proof of Government Assistance:Ω DCF Online Password: DCF Online ID: |
|  |  |  |  |
|  Client Signature Case Worker Signature |
| Job Information |
| Title: |  | Employee ID: |  |
| Supervisor: |  | Department: |  |
| Work Location: |  | E-mail Address: |  |
| Work Phone: | ( ) | Cell Phone: | ( ) |
| Start Date: |  | Salary: | $ |
|  |
| Emergency Contact Information |
| Full Name: |  |  |  |
|  | Last | First | M.I. |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |
|  |  |  |  |
|  | City | State | ZIP Code |
| Primary Phone: | ( ) | Alternate Phone: | ( ) |
| Relationship: |  |