

Intake Sheet

Date: _____

Work / Career Related Information

Last Name, First Name: _____ Rank: _____ TIS: _____

Email: _____ Cell #: _____ Age: _____

Home Address: _____ City: _____ Zip: _____

Squadron/Unit: _____ Work#: _____

Home of Record (State): _____

Family Related Information

Marital Status: _____ If married, spouse's name: _____

Dependants name(s) (not including spouse)	Age	Residence (if different than yours)
1: _____	_____	_____
2: _____	_____	_____
3: _____	_____	_____
4: _____	_____	_____

Financial Assistance & Related Information

Briefly describe your reason(s) for seeking assistance from a personal financial counselor/consultant:

Briefly describe the goal/s you hope to accomplish as a result of seeking assistance:

Have you ever sought financial counseling in the past? Y / N Did it help your situation? Y / N