

FAU Evaluator: _____

Date of system entry: _____

Please complete form and email to Familyassistance@fdny.nyc.gov

MEMBER INTAKE FORM

Date of Intake ____/____/____

MEMBER'S INFORMATION:

Last Name: _____		Initial: _____	First Name: _____	
DOB: ____/____/____	Duty Status: <input type="checkbox"/> Active Work Location: <input type="checkbox"/> BX <input type="checkbox"/> BK <input type="checkbox"/> SI <input type="checkbox"/> Q <input type="checkbox"/> M	Primary Phone: _____		
Last 4 SS #: _____		Alternate: _____		
RANK: _____		Email: _____		
Badge #: _____				
Primary Address: _____		City: _____	State: _____	Zip: _____
Current Living Situation:				
<input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Child/Children <input type="checkbox"/> Grandchildren <input type="checkbox"/> Parent <input type="checkbox"/> Other _____				

HOUSEHOLD Information:

Spouse/ Partner Name: _____
Child's Name/ Age: _____
Child's Name/ Age: _____
Child's Name/ Age: _____
Child's Name/ Age: _____
Grandchild's Name/Age: _____
Parent's Name/ Age: _____
Parent's Name/ Age: _____

Emergency Contact:

Last Name: _____	First Name: _____	Relationship: _____
Address: _____	Phone: _____	Mobile Other
	Alternate _____	Mobile Other

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Immediate Needs:

A.)	D.)
B.)	E.)
C.)	F.)

Notes:

Notes section with horizontal lines for writing.

ADDITIONAL INFORMATION:

For Office Use Only-----

Member Placement:_____ Check-in_____ Check Out:_____