

MCEA CLIENT INFORMATION SHEET

Today's Date _____

Have you been here before? Y / N If Yes, when - mo ___ yr ___ Did we assist you? Y / N
 First visit - how did you hear about MCEA? _____

Client Name _____	Social Security # _____
Last First Middle	
Street Address _____	Home Phone # (____) _____
City _____ Zip Code _____	Date of Birth _____
Current Employer _____	Client Gender M F
Prior Employer _____	Employer phone (____) _____

CIRCLE THE CORRECT STATUS FOR THE CLIENT

Marital Status - Single / Married / Divorced / Separated / Widowed / Common Law

Client Race - White / Black / Hispanic / Native Am. / Oriental-Asian / Mixed Race

ALL HOUSEHOLD MEMBERS MUST BE LISTED BELOW.

Last Name (Do not list the Client again)	First Name	Middle Name	Relation to client	D.O.B.	Social Security #	S e x	R a c e	Current Status - Employment

INCOME INFORMATION MUST BE FILLED OUT IN ORDER TO RECEIVE ASSISTANCE

Household Resources	per month	Household Expenses	per month
Child Support		Mortgage / rent	
Savings		Electricity	
Employment Income		Gas – natural, propane	
Unemployment Income		Water	
Food Stamps		Groceries	
Social Security		Medical / Rx	
SSI		Insurance	
TANF		Automobile Note	
Veteran's Benefits		Telephone	
Retirement / Pension		Loan Payments	
Housing Assistance		Childcare	
Other Income		Other Expenses	
*Total Monthly Income		Total Monthly Expense	
FOR OFFICE USE ONLY *(12)			

All information provided on this form is true and correct to the best of my knowledge.

Client Signature _____

Date _____