

New Client Intake Form

Use this form to collect general information about the community member and their needs.

* = Required

Contact Information

1. **Name of Community Member*:**
2. **What is the best way for us to contact you? (select all that apply)**
 - Phone call
 - Text message
 - Email
 - Other (please describe):
3. **Community Member Contact (phone/email)*:**
4. **[Pronouns](#):**
5. **What language(s) are you comfortable communicating in?**
6. **Preferred days & times to meet (e.g. Mondays before noon, etc.)**
7. **How did you hear about this program? ***
 - Friend/family
 - Organization website
 - Internal referral (e.g., front desk, other staff at this organization)
 - External referral (e.g., partner organization)
 - Advertising/marketing (e.g., flier, online ad, commercial)

Support Needs

8. **Type of Support** – What type(s) of technology support are you looking for? (check all that apply)

- Need a device
- Support using a device (e.g. I need help turning on my smartphone)
- Home internet connectivity (e.g. I need help finding an Internet Service Provider)
- Digital Skills (e.g. I need to get into my email, help using a software program)

9. **Specific Need or Outcome** – Are you working on this goal with a specific need or outcome in mind?

- Communication/Social
- Education (e.g. formal & informal)
- Job Search (e.g. writing resume & online applications)
- Work and Business (e.g. small business, entrepreneurship, and learning new job skills)
- Entertainment & Hobbies
- Access and Manage Services and Benefits (e.g. submit taxes, apply for
- Shopping (e.g. online or research for in-person shopping)
- Prefer not to say

10. **Type of Device** – What type of device do you need help with? (select all that apply) *

- Smartphone
- Tablet
- Chromebook
- Laptop
- Desktop
- I don't have a device
- Other (please describe)

Additional notes:

NOTE: This is some example demographic information. When using this template, it is important for each organization to consider what information they need to collect and how they plan to use it.

Community Member Demographic Information

The following demographic questions are optional. Collecting additional information about digital navigator program participants will help us improve the program and better meet community needs. Please respond to the following questions that you are comfortable answering.

11. What is your age?

12. What is the highest level of school you have completed or the highest degree you have received?

- Less than high school (Grades 1-8 or no formal schooling)
- High school incomplete (Grades 9-11 or Grade 12 with NO diploma)
- High school graduate (Grade 12 with diploma or GED certificate)
- Some college, no degree (includes some community college)
- Two-year associate degree from a college or university
- Four-year college or university degree/Bachelor's degree (e.g., BS, BA, AB)
- Some postgraduate or professional schooling, no postgraduate degree
- Postgraduate or professional degree, including master's, doctorate, medical or law degree (e.g., MA, MS, PhD, MD, JD)
- Prefer not to answer

13. Which of the following best describes your race? (Select all that apply)

- White or Caucasian
- Black or African-American
- Asian or Asian-American
- Native American/American Indian/Alaska Native
- Pacific Islander/Native Hawaiian
- Some other race (please specify)
- Prefer not to answer

14. If you are an enrolled member, and/or a descendant, of a Federal or State recognized American Indian Tribe or Alaskan Native Village/Corporation, with which tribe(s) are you affiliated?

15. Did you ever serve on active duty in the U.S. Armed Forces?

- Yes
- No
- Prefer not to answer

16. Do you identify with having or living with a disability in any of the following areas?

- Mobility or other physical (e.g. difficulty walking or climbing stairs)
- Visual (e.g. difficulty seeing even with glasses, use a screen reader, large print, etc.)
- Hearing (e.g. hearing even with a hearing aid, use ASL, cart, etc.)
- Intellectual, developmental, cognitive (e.g. difficulty concentrating, remembering, understanding, or making decisions)
- Speech or communication (e.g. difficulty communicating using your usual language)
- Mental health (e.g. difficulty with mood, behavior, or thinking even with medication)
- Invisible (e.g. a disability that is not readily apparent by your general appearance)
- Prefer not to answer
- None identified

17. What is your total annual household income from all sources, and before taxes?

- Less than \$15,000
- \$15,001 to \$30,000
- \$30,001 to \$50,000
- \$50,001 to \$75,000
- \$75,001 to \$100,000
- Greater than \$100,000
- Prefer not to answer