



Gabriel Project

Client Intake Form

Date:	Name of Interviewer: (Gabriel Project Team Member)
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Part 1: Personal Information

Mother's First Name

Mother's Last Name

Mother's Telephone number

Email address

Residential Address

City | State | Zip code

Religious Preference

Church/Parish community

Best time of day to reach you

Can we leave a text?

☐ Yes ☐ No

Can we leave a voice message?

☐ Yes ☐ No

Part 2: Pregnancy

Due date (if known)

Approximate gestational age

Are you receiving prenatal care?

☐ Yes ☐ No

If yes, where? (Name of doctor?)

Do you currently have medical insurance?

☐ Yes ☐ No

Are there any medical or health concerns we should be aware of?

How are you feeling about this pregnancy?

Do you have any particular concerns?

Part 3: Family History

Do you have other children? ☐ Yes ☐ No

If yes, ages?

Are they living with you? ☐ Yes ☐ No

Is the baby's father supportive? ☐ Yes ☐ No

Is your family supportive? ☐ Yes ☐ No

Who else is a good support for you? (friends, coworkers)

Part 4: Financial Needs/History

To determine how best to help you, the following questions will be used to conduct a needs assessment.

What adults are currently living at your address?

Name	Age	Relationship

What children are currently living at your address?

Name	Age	Relationship

Are you currently employed? ☐Yes ☐No

Is anyone in your household currently receiving ANY of the following type of benefits/income?
(check all that apply):

☐ Salary/wages

☐ TANF/SNAP (food stamps)

☐ Unemployment benefits

☐ Housing subsidies

☐ Financial assistance from other family
members (not residing with you)

☐ Social Security disability
payments

☐ Financial assistance from other agency
(gov't or non-profit) in the last 3 months

☐ Pensions, veterans' benefits

☐ Child support payment

☐ Other:

What is the total amount of current monthly income
for your household from all the above sources?

\$

What are your approximate total monthly expenses?

\$

*To be asked during initial meeting AND as the birth approaches (Refer to information provided
in Part 3)*

What friends/family/work colleagues are assisting you with baby items? What items have
they/will they help with?

Are friends or family throwing you a baby shower? Is anyone at work (if mom is working)
throwing a shower for you?