



The Clock Building at
1000 Herrontown Road, 2nd Floor
Princeton, NJ 08540
o: 609-366-6186
f: 908-718-0332
e: info@pjihelps.org

Visitor/Client Registration

Intake Date _____

Intake Time _____

Personal Information

First Name _____ Last Name _____

Address _____

City _____ State New Jersey Zip _____

Email _____ Primary Phone _____

Cell Phone _____ Work Phone _____

Preferred method(s) of contact?

- | | |
|--------------------------------|---|
| <input type="checkbox"/> Phone | <input type="checkbox"/> Email |
| <input type="checkbox"/> Text | <input type="checkbox"/> None, I will contact you |

Do you prefer phone or video conference?

- | | |
|---------------------------------|---|
| <input type="checkbox"/> Phone | <input type="checkbox"/> Video Conference |
| <input type="checkbox"/> Either | |

Date of Birth _____



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Active-Duty Military or a Veteran? Active-Duty Veteran Does not apply/Prefer not to answer

Ethnicity Hispanic or Latino Not Hispanic or Latino Prefer not to answer

Race (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> American | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> White | <input type="checkbox"/> Prefer not to answer |

To which gender identity do you most identify?

- | | |
|--|---|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
| <input type="checkbox"/> Transgender Female | <input type="checkbox"/> Transgender Male |
| <input type="checkbox"/> Gender Variant/Non-Conforming | <input type="checkbox"/> Not listed |
| <input type="checkbox"/> Prefer not to answer | |

What is your primary language?

- | | |
|----------------------------------|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Russian | <input type="checkbox"/> German |
| <input type="checkbox"/> French | <input type="checkbox"/> Italian |
| <input type="checkbox"/> Polish | <input type="checkbox"/> Chinese (Simplified) |
| <input type="checkbox"/> Other | |



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Do you need an interpreter if English is not your primary language? Yes No

Do you have any disabilities which we need to accommodate _____

Highest Level of Education

- Graduate Work/Degree
- High School Diploma/GED
- No High School
- Some College/Degree
- Some High School
- Prefer not to answer

Annual Household Income _____

(Help us determine your eligibility for certain services and resources)

Primary Source of Income _____

(Help us determine your eligibility for certain services and resources)

Living Situation

- Permanent
- Own
- Shelter
- Group Home
- Other
- Rental
- On Street
- Transitional
- Drug Treatment Residence

Marital Status

- Single
- Separated
- Widowed
- Married
- Divorced
- Partner



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Number of People in household (inc. client) _____

May we contact you after the initial appointment to see if you require further assistance?

Yes No

How did you hear about us? Search Engine Word of mouth Other

Assistance Information

What can we assist you with?

- | | |
|--|--|
| <input type="checkbox"/> Vaccinations (Flu or COVID) | <input type="checkbox"/> Blood pressure check |
| <input type="checkbox"/> Cancer education | <input type="checkbox"/> Emergency preparedness |
| <input type="checkbox"/> Chronic disease awareness | <input type="checkbox"/> Housing resources |
| <input type="checkbox"/> Groceries | <input type="checkbox"/> Motor vehicle services |
| <input type="checkbox"/> Notary | <input type="checkbox"/> Computer assistance (searching, video access) |

Can we assist you with legal advice? Yes No

Are you in need of the following?

- | | |
|---|---|
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Help with expenses | <input type="checkbox"/> Finding a job |
| <input type="checkbox"/> Mental health counseling | <input type="checkbox"/> Substance abuse treatment |
| <input type="checkbox"/> Mentorship | <input type="checkbox"/> Escaping domestic violence |
| <input type="checkbox"/> Receiving accommodation for a disability | <input type="checkbox"/> Finding transportation |



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Other

What issues and questions do you want to resolve and answered?

Is there anything you would like us to know about you?

What do you hope to accomplish?
