## THE NAVAJO NATION NAVAJO HOPI LAND COMMISSION OFFICE

Post Office Box 2549 \* Window Rock \* Arizona \* 86515 Ph: 928/871/6277 \* Fax: 928/871/7297

## **CLIENT INTAKE FORM – DINE' RELOCATION FUNDS**

DATE					DATE LOGGED	IN				
CLIENTS NAME					STAFF CONDUCTING INTAKE					
WHERE DOES THE CLIENT RESIDE: CIRCLE ONE										
NPL	HPL	FBFA	NEW LANDS	BIG NAVAJO	OFF RESERVATION	LOCAT	ION			
PROJECT/REQUEST OVERVIEW										
CLIENT ONBOARD INFORMATION										
PHONE CONTACT				EMAIL AD	DRESS	DRESS				
MAIL ADDRESS					PHYSICAL A	DDRESS				
DATE OF BIRTH					CENSUS N	UMBER				
AFFILIATED CHAPTER					A	GENCY				
REFERRED BY					W	ALK-IN				
TYPE OF ASSISTANCE REQUESTED										
IS THIS A PREVIOUS CUSTOMER? YES / NO					REFERRED TO?					
DESCRIBE PREVIOUS WORK/COMMENTS										
STAFF	NAME:				SIGNATURE:					
	E DATE:				TIME:					
DATE ASSESSMENT SCHEDULED					DATE HOUSE ASSESSMENT COMPLETED					

USE THIS SPACE TO WRITE UP THE ASSESSMENT DETAILS	