INTAKE ASSESSMENT LONG FORM

OFFICE USE ONLY Visit 1 2 3 4 5 6 7 _____

Today's Date_____ Household #_____

New____ If not new, date of last visit _____ Receptionist_____

PLEASE PRINT ***(NAME MUST BE THE SAME AS YOUR DRIVER'S LICENSE , PHOTO ID CARD or PASSPORT)***

LAST NAME	**FIRST NAME**	**MIDDLE NAME**	**OTHER NAME NOT ON ID**

SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE

STATUS:	SINGLE ( )	MARRIED ( )	SEPARATED ( )	DIVORCED ( )	WIDOW (ER) ( )

ADDRESS (street number and name)	CITY	STATE	ZIP	COUNTY

HOME PHONE	CELL PHONE #1	CELL PHONE #2

DRIVER'S LICENSE #	DL/PHOTO STATE	STATE PHOTO ID NUMBER	PASSPORT # /COUNTRY

EMAIL ADDRESS	ARE YOU OR ANYONE IN YOUR HOUSEHOLD A VETERAN? ☐ Yes ☐ No NAME

ARE YOU: HOMELESS? ☐ Yes ☐ No	ARE YOU: TRANSIENT? ☐ Yes ☐ No	ARE YOU A CURRENT OR PAST RESIDENT OF S.A.F.E. HOUSE? ☐ Yes ☐ No

HAS ANYONE IN YOUR HOUSEHOLD BEEN TO HOPE HOUSE? ☐ *YES* (NAME_____) ☐ NO

LIST EVERYONE CURRENTLY LIVING WITH YOU ***(DO NOT INCLUDE YOURSELF)***

LAST NAME	FIRST NAME	MIDDLE	RELATIONSHIP	DOB	AGE	Social Security #

YOU MUST PROVIDE TOTAL MONTHLY INCOME FOR EVERYONE LIVING WITH YOU:

Work Income $	SSI/Dis-ability $	Social Security $	Unemploy-ment $	Child Support $	Other $	Food Stamps $	WIC ☐ Yes ☐ No	Medicaid ☐ Yes ☐ No	Medicare ☐ Yes ☐ No

MONTHLY EXPENSES* $ _____(Housing _____, Food _____, Utilities _____, Phone _____, Car _____, Other _____)

*Provide an estimate if uncertain about amount and average expenses that vary based on use (such as power, water, and phone).

CHURCH YOU ATTEND?	HAVE YOU ASKED CHURCH FOR HELP? ☐ Yes ☐ No
ARE YOU WORKING? ☐ Yes ☐ No	WHERE?
IF NOT, WHY NOT?	
WHAT IS YOUR CURRENT NEED?	
REASON FOR CRISIS?	
HOW DO YOU PLAN TO RESOLVE CRISES?	

CLIENT SIGNATURE_____ **DATE** _____

DO NOT MARK THE BACK OF THIS FORM ------ PLEASE READ AND SIGN CONFIDENTIALITY FORM

INTAKE ASSESSMENT LONG FORM

AREA OF NEED	ELECTRIC	PROPANE	WATER	GAS	RENT	HOTEL	RX/ MED	OTHER	If "OTHER," DESCRIBE	DID CLIENT REQUEST AND RECEIVE PERSONAL ITEMS? Y/N( )
HH AMT										

Given referral to __Saint Vincent de Paul, __9th District, __ Other: _____

Given Voucher for __Gas (Card #___), __Hotel _____ (How Many Days? ___)

Financial Commitment:						
Client/Family	**Hope House**	**SVDP**				**Total**
$	**$**	**$**	**$**	**$**	**$**	**$**

CASE WORKER COMMENTS/CLIENT'S HISTORY:

OUTCOME:

Case Worker Signature_____ **Date**_____ **Approved By:**_____

OFFICE USE ONLY

DATE ENTERED_____ BY _____

CONFIDENTIALITY RELEASE

Each adult client in the household, who is present, must read and initial each statement.

_____ _____I authorize Hope House located at 178 Brackett's Way, Blairsville, Georgia, to Release confidential information including personal, psychological, psychiatric, drug/alcohol, criminal, medical records, and opinions resulting from my interview with a Hope House intake worker to other Union County agencies, surrounding agencies and churches involved in our ministry. Disclosure of my information shall be for the express purpose to obtain assistance with my situation. All parties will maintain the strictest of confidentiality in dealing with my information.

_____ _____ I understand that any cancellation or modification of this authorization must be in writing. I have a right to receive a copy of this authorization upon my request. A photocopy of this authorization shall be considered as effective and valid as the original.

_____ _____ This authorization shall remain in effect and valid for one (1) year.

_____ _____I release all parties stated here within from any legal liability resulting from the release of this information, with the understanding that all parties involved will exercise appropriate safeguards while using this information.

_____ _____ I further certify by my signature that the information I provide to Hope House is **true and correct** to the best of my ability. Should the information I supply Hope House be determined to be false and an attempt to defraud Hope House, I understand I will become **immediately ineligible** for any assistance for **anyone in my household** for **12 months**.

CLIENT #1	***CLIENT #2 (if present)***
_____	_____
Print	Print
_____	_____
Signature	Signature
_____	_____
Date	Date

Rev 2/2019