

# INTAKE ASSESSMENT LONG FORM

## OFFICE USE ONLY

Visit 1 2 3 4 5 6 7 \_\_\_\_\_

Today's Date \_\_\_\_\_

Client # \_\_\_\_\_

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
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SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE
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STATUS: SINGLE ( )	MARRIED ( )	SEPARATED ( )	DIVORCED ( )	WIDOW(ER) ( )
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ADDRESS (street number and name)	CITY	STATE	ZIP	COUNTY
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HOME PHONE	CELL PHONE #1	CELL PHONE #2
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DRIVER'S LICENSE #	STATE	STATE PHOTO ID NUMBER	PASSPORT # /COUNTRY
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EMAIL ADDRESS	ARE YOU OR ANYONE IN YOUR HOUSEHOLD A VETERAN? <input type="checkbox"/> Yes <input type="checkbox"/> No NAME:
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ARE YOU: HOMELESS? <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE YOU: TRANSIENT <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE YOU A CURRENT OR PAST RESIDENT OF S.A.F.E. HOUSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**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 THE TOTAL MONTHLY INCOME FOR ALL OF THOSE IN YOUR HOME:**

Work Income	SSI/ Disability	Social Security	Unemployment	Child Support	Other	Food Stamps	WIC <input type="checkbox"/> Yes <input type="checkbox"/> No	Medicaid <input type="checkbox"/> Yes <input type="checkbox"/> No	Medicare <input type="checkbox"/> Yes <input type="checkbox"/> No
\$	\$	\$	\$	\$	\$	\$			

**MONTHLY EXPENSES\* Housing \_\_\_\_\_, Food \_\_\_\_\_, Utilities \_\_\_\_\_, Phone \_\_\_\_\_, Car \_\_\_\_\_, Other \_\_\_\_\_ Total \$ \_\_\_\_\_**

\*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? <input type="checkbox"/> Yes <input type="checkbox"/> No
ARE YOU WORKING? <input type="checkbox"/> Yes <input type="checkbox"/> No	WHERE?
IF NOT, WHY NOT?	
WHAT IS YOUR CURRENT NEED?	
REASON FOR CRISIS?	
HOW DO YOU PLAN TO RESOLVE CRISIS?	

**CLIENT SIGNATURE \_\_\_\_\_**
**DATE \_\_\_\_\_**
**PLEASE DOWNLOAD, READ AND SIGN CONFIDENTIALITY FORM**