

### General Intake Form

Initial Contact Date	Hom	ne Visit Date
Home Visit Team		
Telephone	Email Addre	ess
C	lient Informatio	on
General Information		
Client Name	Spouse / Othe	er
Client DOB	Spouse / Othe	er DOB
Client Profession	Spouse / Othe	er Profession
Current or New Address (if moving)		
City	State	Zip
Telephone	Email Addre	ess
Family / People Living at the Residence	9	
Name	Age Se:	exRelationship
School or Employer		
Name	Age Se	xRelationship
School or Employer		
Name	Age Se	exRelationship
School or Employer		
Name	Age Se:	exRelationship
School or Employer		
Name	Age Se:	xRelationship
School or Employer		



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What are the immediate needs of the person / family?
How did the person / family find out about the Society of St. Vincent de Paul Conference?
Has the person / family in need requested assistance from another organization and, if so, which one's and what were the results?
Ask the person / family in need to describe the relationship they have with their extended family. Are they able to assist in any way (spiritual, emotional, financial, other physical assistance)? If so, briefly describe which family member(s) provides assistance and what type of assistance they provided.
Do you or anyone in your family have disabilities or special needs which require special accommodations?  Yes No If yes, explain below:
Based upon the initial intake information provided by the family and / or review of their financial statement, should the family be referred to other resources that may assist them maintain a more stable home? If so, explain the resources needed
Have you and the family / individual set any goals to help them move towards self-sufficiency? (attending classes, counseling, special training, legal aid, etc.) Yes No Please explain.



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## Monthly Income and Expense Review

Actual Monthly Income	Average Monthly Expenses
Client Salary	Rent / Mortgage
Spouse/Significant Other Salary	Food (do not include CalFresh benefits)
D 1 (/) (1	
Dependent(s) Salary	Telephone
Child Support	Cable/Internet Service
CalWorks Benefits	Electricity
Supplemental Security Income (SSI)	Gas
Additional Income (please define)	Water
A. Other	
B. Other	Transportation
C. Other	Automobile
Savings/Checking Account Balance	Hatomoone
	Automobile Insurance
Total Monthly Income	
_	Gasoline
CalFresh Benefits	Childcare
DO NOT ADD TO TOTAL INCOME ABOVE	1
	Special Needs
Other Assistance / Benefit Programs	Child Support Payments
Mark "Y" for YES and "N" for NO	
Childcare Assistance	Credit Card Debt
Housing Assistance (Section 8, HUDD, EAPE, etc.)	Other
Meal Programs (school lunch, Meals-On-Wheels, etc.)	Total Average Monthly Expense
Transportation Assistance	
	Monthly Cashflow Review / Debt-to-Income Ratio
Utility Discount Programs (HEAP, CARE, etc.)	Total Monthly Income
	Total Monthly Expenses
Other (food banks, other non-profits, etc.)	Difference (+/-)
	Debt-to-Income Ratio (expense/gross income = %)



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Team Recap & Recommendations and Internal Conference Group Worksheet