



CASE MANAGEMENT INTAKE FORM

1. Client Name: _____

2. Current Address: _____

City _____ State _____ Zip _____

3. Daytime Phone: _____ Alternative Phone: _____

4. Has anyone in your household served in the Military? YES NO

5. Current: (select one):
 Renting Homeowner Living with Relative Other

6. Does anyone in the household receive assistance through the Dept. Of Job and Family Services: (select one): YES NO

Please list names and types of assistance received: (Food Card, Medicaid, ADC, Other): _____

Does anyone in the household belong to a church, organization, VFW, etc?

7. LIST ALL PERSONS LIVING AT THE CURRENT ADDRESS with all sources of income including: SSI, SSA-Retirement, SSA-Disability, Child Support, etc.

Name	Age	Source of Income	Monthly Income
			\$
			\$
			\$
			\$
			\$

Referring agency: _____

Case manager name: _____

Contact Number: _____

ESSENTIAL NEEDS WORKSHEET

Client Name: _____ Number of adults in home ____ Number of children in home ____

		Office Use only	
Furniture		Date PU	Initials
<input type="checkbox"/>	Couch		
<input type="checkbox"/>	Loveseat		
<input type="checkbox"/>	Chair		
<input type="checkbox"/>	Recliner		
<input type="checkbox"/>	Coffee table		
<input type="checkbox"/>	End Stand		
<input type="checkbox"/>	Bed: _____		
<input type="checkbox"/>	Dresser		
<input type="checkbox"/>	Kitchen Table		
<input type="checkbox"/>	Kitchen Chairs		
<input type="checkbox"/>	Microwave Stand		

		Office Use only	
Housewares		Date PU	Initials
<input type="checkbox"/>	Lamp		
<input type="checkbox"/>	Curtains		
<input type="checkbox"/>	Pots / Pans		
<input type="checkbox"/>	Dishes		
<input type="checkbox"/>	Silverware / utensils		
<input type="checkbox"/>	Coffee Pot		
<input type="checkbox"/>	Slow cooker		
<input type="checkbox"/>	Toaster		
<input type="checkbox"/>	Dish Towels		
<input type="checkbox"/>	Bath Towels		
<input type="checkbox"/>	Sheets / Blankets		

		Office Use only	
Appliances		Date PU	Initials
<input type="checkbox"/>	Refrigerator		
<input type="checkbox"/>	Stove (gas or electric)		
<input type="checkbox"/>	Washer		
<input type="checkbox"/>	Dryer (gas or electric)		
<input type="checkbox"/>	Microwave		
<input type="checkbox"/>	Toaster Oven		

Other non-essential items may be for purchase at Heavenly Treasure Gift Shop or at H.A.R.P.'s Thursday yard sale.

Other needs (Please list and explain need):

Tell us how we can help you with other needs (Tell your story / situation):
