

CASE MANAGEMENT INTAKE FORM

	City		State	7in			
	City		State	Zip			
.	Daytime Phone:	Alter	native Phone:				
	Has anyone in your household served in the Military? YES NO						
	Current: (select one): Renting Homeowner	Living wit	h Relative O	ther			
•	Does anyone in the household recone): YES NO	eive assistand	ce through the De	ept. Of Job and Family Se	rvices:		
	Please list names and types of assi	stance receiv	ed: (Food Card, N	/ledicaid, ADC,			
	Other): Does anyone in the household belonger						
	Other):	ong to a chur	ch, organization,	VFW, etc?	ς : SSI, S		
	Other): Does anyone in the household belonger to the second seco	ong to a chur	ch, organization,	VFW, etc?	۶: SSI, S		
•	Other): Does anyone in the household belonger to be a support of the ho	ong to a chur CURRENT ADI upport, etc.	och, organization, DRESS with all sou	VFW, etc? urces of income including Monthly Income	ς: SSI, S		
-	Other): Does anyone in the household belonger to be a support of the ho	ong to a chur CURRENT ADI upport, etc.	DRESS with all sou	VFW, etc? urces of income including Monthly Income	ς: SSI, S		
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ESSENTIAL NEEDS WORKSHEET

Client Name:		Numbe	of adults in home Number of chil	ildren in home		
	Office Us	se only		Office Use only		
Furniture	Date PU	Initials	Housewares	Date PU	Initials	
Couch			Lamp			
Loveseat			Curtains			
Chair			Pots / Pans			
Recliner			Dishes			
Coffee table			Silverware / utensils			
End Stand			Coffee Pot			
Bed:			Slow cooker			
Dresser			Toaster			
Kitchen Table			Dish Towels			
Kitchen Chairs			Bath Towels			
Microwave Stand			Sheets / Blankets			
	Office Use only					
Appliances	Date PU	Initials				
Refrigerator			Other non-essential item	s mav be for	•	
Stove (gas or electric)			purchase at Heavenly Tre	•		
Washer			at H.A.R.P's Thursday yar	·		
Dryer (gas or electric)			ac i iii iii ii ii ii ii ii ii ii ii ii i	a saici		
Microwave						
Toaster Oven						
Other needs (Please list and 6	explain need):				
Tell us how we can help you v	with other n	eeds (Tell	our story / situation):			

Are your current needs due to a specific situation? (Check all that apply)	
Disability Unemployed / Layoff Drug / Alcohol addiction Domestic Violence Separation / Divorce Low paying employment Move Fire/ Flood / Other disaster Providing for someone else / grandchild Child birth / adoption	
Other:	
If applicable, would anyone in your household like to further their education or job training? YES NO	
FOR OFFICE USE ONLY	
Case management notes:	
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