CITY ON A HILL
doors of hope

# Intake Form

Date: _____

## GENERAL INFORMATION

Reason for Visit: _____

_____

Name: _____
First Middle Last

Gender: Male Female

Marital Status (circle one): Engaged Cohabitating Married

Single Separated Widowed Divorced

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Home Phone: _____

Cell Phone: _____ E-mail: _____

Church Affiliation: _____

Veteran: Yes or No If Yes, details: _____

Homeless: Yes or No If Yes, details: _____

What type of housing do you currently live in? (circle one)

House Apartment Friend/Relative Mobile Home Temporary

Homeless – Car Homeless – Street Homeless- Shelter Hotel/Motel

Subsidized Housing: Yes or No If Yes, details: _____

If renting, Landlord Name _____ Phone No. _____

Justice System Involvement (circle all that apply): None Misdemeanor Felony

Referring Agency: _____

Referring Person: _____

Birthdate: _____ Driver's License #: _____

Primary Transportation: (circle one)

Auto/Truck Rides with Others Public Transportation Walk Bike

Soc. Sec. #: _____Spouse:_____

How did your existing need arise?_____

_____

_____

_____

How do you plan to be sustainable if you receive assistance?_____

_____

_____

_____

_____

**EMPLOYMENT/EDUCATION/HEALTH INFORMATION**

Employed: Yes or No If Yes, Employer: _____

Employment Status (circle one): Part Time Full Time Temporary

Seasonal Unemployed Unable to Work Retired

Highest Level of Education: _____

How Long Employed? _____ Hourly Pay Rate: _____

Hours worked per week: _____ Weekly Take Home Pay: _____

Total Household Income _____ Circle One: Weekly Monthly

Ability to Work (circle one): Can Work – No Restrictions Can Work – Sheltered Setting

Can Work – Physical Limitation Work Restrictions Cannot Work

Disabilities: _____

Long-term Disabilities: Yes or No

Primary Health Care Provider: _____

Health Care Insurance Company Name: _____

**EMERGENCY CONTACT INFORMATION**

Emergency Contact Name: _____

Phone Number: _____ Relationship: _____

## HOUSEHOLD MEMBERS

# of Adults in house: _____ # of Minors in house: _____

## OTHER AGENCIES/MINISTRIES

Have you gone to other agencies or churches for help before coming to Doors of Hope?

Yes **or** No

If so, where? (Please list names of agencies & contact person at each agency)_____

_____

Do you receive any public assistance? Yes or No If yes, circle ALL that apply:

Food Assistance WIC SSI Unemployment

SSDI Cash Assistance State Emergency Assistance

Do you have a CMH caseworker: Yes or No If yes, name:

_____

Do you have a DHHS caseworker: Yes or No If yes, name:

_____

## MEDICAL INFORMATION

Overall Medical Condition (circle one): Healthy Acute mild/moderate

Acute severe Chronic mild/moderate Chronic severe

Diagnoses: _____

Are you on medications for (circle all that apply)

ADHD/ADD Diabetes Mood Regulation Heart Depression

Anxiety Pain Sleep Other: _____

Do you have prescription medication that should be taken regularly? _____ No _____ Yes

If Yes, are you taking medications as prescribed? _____ Yes _____ No

If you are not taking medications as prescribed, please state why: _____

_____

_____

Have you ever applied for disability benefits? _____ No _____ Yes