

SLFSS INTAKE FORM



Date _____

Telephone # _____

CLIENT INFORMATION

Are you safe? _____

First _____ MI _____ Last _____

Social Security No. _____ - _____ - _____ Date of Birth _____ - _____ - _____

Address: Street _____ City _____

County _____ State _____ Zip Code _____

Gender _____ F _____ M _____ Race _____

Military Affiliation: _____ Active Duty, _____ Veteran, _____ Spouse of Soldier

Reason for visit: _____

What services are you interested in?

_____ Hearts of H.O.P.E. Domestic Violence Program _____ Fresh Start Program

_____ A Path 4Word Mentoring & Tutoring Program _____ Laundry Services

_____ Seeds of Security (S.O.S. Fund) _____ Notary Services

_____ Barbara's Closet of Blessings _____ Other (referral)

How did you hear about SLFSS/The Kinsey House? _____

Referred by: _____

Please list other agencies you have contacted for assistance: _____

CURRENT LIVING SITUATION

List all *children & household Members:

Name	Age	Relationship	Sex
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*To include adult children.

Do you currently have a Section 8 Housing Voucher? _____ Yes _____ No

EMPLOYMENT & INCOME INFORMATION (list all monthly income)

Current Employer Name _____

Address _____ Telephone # _____

Employment _____ EBT (Food Stamps) _____

Child Support _____ SSI/SSDI _____

Retirement _____ *Other _____

Total Monthly Income _____

SPOUSE/PARTNER INFORMATION (to include fiance, boyfriend, or other)

First _____ MI _____ Last _____

Date of Birth _____ - _____ - _____

Address: Street _____ City _____

Telephone: Mobile _____ Home _____

Military Affiliation: _____ Active Duty _____ Veteran _____ Spouse of Soldier

EMERGENCY CONTACT INFORMATION

Contact Name _____ Relationship _____

Address _____

Telephone # _____

- 1.) I swear that all information provided is true and correct. _____ Initial
- 2.) To receive/maintain SLFSS services I, _____ agree to attend budgeting, job search, case management and self-help workshops and counseling programs.

PLEASE NOTE: There is no guarantee financial assistance will be provided. SLFSS is not able to assist in all situations.

INTAKE REPRESENTATIVE: _____

FOR OFFICE USE ONLY: _____

Save this completed file to your computer and then email the completed document to:
springlakefamilyservice@gmail.com