

COMMUNITY RESOURCES INTAKE FORM

Organization: _____ Date: _____

1. CONTACT INFORMATION

Full Name: _____

Date of Birth: _____ Age: _____

Phone: _____ Email: _____

Emergency Contact: _____

Emergency Phone: _____ Relationship: _____

Preferred Contact: ☐ Call ☐ Text ☐ Email ☐ Other: _____ Best Time to Reach: _____

Address: _____ County: _____

2. LIVING SITUATION/HOUSEHOLD INFORMATION (Mark all that apply)

☐ Street/Homeless ☐ Shelter ☐ Lives with others ☐ Rent ☐ Own ☐ Facility

Describe: _____

Number of people in the home: _____

☐ Children in home Ages: _____

☐ Senior ☐ Disabled ☐ Veteran or Military

☐ Legally/Justice Involved

☐ Employed ☐ full-time ☐ part-time. ☐ self: Where: _____

☐ Disabled ☐ Retired

☐ Monthly household income (approximately.) \$ _____

☐ Other: _____

3. ASSISTANCE NEEDED (Mark all that apply)

- HOUSING REFERRALS

☐ Emergency Shelter ☐ Rental ☐ Utility ☐ Housing repair ☐ Other: _____

Describe need: _____

- BASIC NEEDS

☐ Food ☐ Clothing ☐ Transportation ☐ Childcare ☐ Domestic Violence ☐ Other: _____

Describe need: _____

- MEDICAL

☐ Doctor ☐ Medicine ☐ Mental Health ☐ Substance Use/OWI/Addictions ☐ Dental ☐

Describe need: _____

- OTHER

☐ Employment / Job Search. ☐ ID / Birth Certificate / Documents

☐ Benefits (SNAP, SSI, Disability, Medicaid, etc.)

Describe need: _____

4. ADDITIONAL NOTES OR URGENT NEEDS

5. OTHER ORGANIZATIONS' ASSISTANCE

Have you tried reaching out to organizations for resources or assistance?

☐ Yes: What organization/action? _____

☐ No ☐ Other: _____

6. CONSENT TO CONTACT AND SHARE INFORMATION

☐ I give consent to this organization to contact me and, if necessary, share my information with relevant community partners to help provide referrals and assistance.

Signature: _____ Date: _____

FOR OFFICE USE

☐ Jasper County Resource Guide given



Name of organizations referred to:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Additional Notes/follow-ups needed:
