



# CLIENT INTAKE SHEET

Date \_\_\_\_\_ Request taken by \_\_\_\_\_  
Referred by \_\_\_\_\_ First time requesting assistance? \_\_\_\_\_

REQUEST TYPE: *(check all that apply)*

- |                                   |                                      |   |                                |
|-----------------------------------|--------------------------------------|---|--------------------------------|
| <input type="checkbox"/> FOOD     | <input type="checkbox"/> GAS         | <input type="checkbox"/> FURNITURE      | <input type="checkbox"/> RX    |
| <input type="checkbox"/> WATER    | <input type="checkbox"/> HOME REPAIR | <input type="checkbox"/> TRANSPORTATION | <input type="checkbox"/> MOTEL |
| <input type="checkbox"/> ELECTRIC | <input type="checkbox"/> SEPTIC      | <input type="checkbox"/> MEDICAL        | <input type="checkbox"/> OTHER |

REASONS FOR REQUESTED ASSISTANCE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FEMALE HEAD OF HOUSE/CLIENT \_\_\_\_\_

DOB \_\_\_\_\_ SSN# \_\_\_\_\_ VETERAN? \_\_\_\_\_

PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_ EMAIL \_\_\_\_\_

STREET/CITY/ZIP \_\_\_\_\_

MAILING ADDRESS *(if different)* \_\_\_\_\_

TYPE OF HOME *(Check one)*:  House  Apt  Single-wide mobile home  Double-wide mobile home

DIRECTIONS TO HOME \_\_\_\_\_

EMPLOYMENT STATUS *(Check one)*:  Employed  Unemployed  Retired

MOST RECENT EMPLOYER \_\_\_\_\_

DATES OF EMPLOYMENT \_\_\_\_\_ SUPERVISOR PHONE # \_\_\_\_\_

ALTERNATE HEAD OF HOUSE \_\_\_\_\_

DOB \_\_\_\_\_ SSN# \_\_\_\_\_ VETERAN? \_\_\_\_\_

PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_ EMAIL \_\_\_\_\_

EMPLOYMENT STATUS *(Check one)*:  Employed  Unemployed  Retired

MOST RECENT EMPLOYER \_\_\_\_\_

DATES OF EMPLOYMENT \_\_\_\_\_ SUPERVISOR PHONE # \_\_\_\_\_

LIST ALL HOUSEHOLD MEMBERS *(other than those listed above)*

NAME	DOB	RELATIONSHIP to Head of House	SCHOOL/EMPLOYER
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# FINANCIAL ASSISTANCE REQUEST INFORMATION

**Give a hard copy of this page to Sherry upon completion for her notes and follow-up**

Please explain to client that for financial assistance, the following documents may be required: LEASE, MORTGAGE STATEMENT, UTILITY BILL, 50059 FORM (HH Gardens), PROOF OF INCOME, ETC...

UTILITY PROVIDER \_\_\_\_\_ ACCT # \_\_\_\_\_ Name on Account \_\_\_\_\_

LANDLORD \_\_\_\_\_ How long in unit? \_\_\_\_\_

LANDLORD MAILING ADDRESS \_\_\_\_\_ Amt. Past Due? \_\_\_\_\_

LANDLORD PHONE # \_\_\_\_\_ Current Month Due? \_\_\_\_\_

NAME ON LEASE \_\_\_\_\_ Total Due Now? \_\_\_\_\_

MORTGAGE ACCOUNT # \_\_\_\_\_ Amount Requested \_\_\_\_\_

OTHER AGENCY BENEFITS (check all that client receives):

FOOD STAMPS   
  FOOD AGENCY   
  SUBSIDIZED HOUSING   
  AFDC   
  DISABILITY  
 TANF   
  WIC   
  VIM   
  OTHER   
 **CHARITY TRACKER RELEASE FORM ON FILE?**

## HOUSEHOLD MONTHLY BUDGET

INCOME/CASH ON HAND		EXPENSES	
Employment	\$	Rent/Mortgage	\$
Social Security	\$	Electricity/Gas	\$
Disability	\$	Water	\$
Unemployment	\$	Food	\$
Food Stamps, WIC	\$	Insurance (Auto, Home)	\$
Alimony/Child Support	\$	Medical/RX	\$
Pension	\$	Taxes	\$
VA	\$	Clothing	\$
		Debt (CC, Car Pmt, etc)	\$
<b>TOTAL</b>	<b>\$</b>	<b>TOTAL</b>	<b>\$</b>

COST SAVINGS OPPORTUNITIES TO HELP COVER MONTHLY EXPENSES IN THE FUTURE? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# LIVABLE HOUSING REQUEST INFORMATION

Give a hard copy of this page to Sandy or Rita upon completion for follow-up

## IMPORTANT!!! (CHECK WHEN COMPLETED)

- FIRST ASK:** "Do you OWN and LIVE at the property for which you are requesting assistance? If NO, we cannot help them UNLESS assistance is being requested for a home that is OWNED by the person requesting assistance. The only exception is if it's an Heir's Property ownership situation.
- CHECK GPS** travel time from DW to repair location. More than 60 minutes is outside of our service area. GPS TRAVEL TIME \_\_\_\_\_
- READ TO CLIENT:** "Deep Well expects clients to be responsible for a portion of the costs for the approved repairs. A deposit and/or monthly repayments may be required."
- ASK CLIENT:** "Will this be an issue for you?" YES \_\_\_\_\_ NO \_\_\_\_\_. If answer is yes, explain that many times we are only talking about \$50 -\$100 per month. If that is still a problem, do not proceed.

**DOCUMENTATION REQUIRED FOR HOUSE/PROPERTY REPAIRS:** Copy of Property Tax Bill, and Proof of Income.

**DOCUMENTATION REQUIRED FOR MOBILE HOME REPAIRS:** Copy of Title or Tax Bill, and Proof of Income. Documentation for either one of these must be faxed or emailed by client to [Paperwork@deepwellproject.org](mailto:Paperwork@deepwellproject.org) or delivered to the DW Office.

**FULL NAME OF APPLICANT AND/OR NAME AS LISTED EXACTLY ON PROPERTY DEED/TITLE:**

\_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

DIRECTIONS (if tricky to find)

HOW LONG HAVE YOU LIVED AT THIS ADDRESS \_\_\_\_\_ APPROX AGE OF HOME \_\_\_\_\_

HOW MANY PEOPLE ARE LIVING AT THIS ADDRESS \_\_\_\_\_

NUMBER OF BEDROOMS \_\_\_\_\_ NUMBER OF STORIES \_\_\_\_\_

DESCRIBE REPAIRS NEEDED \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# FOOD REQUEST INFORMATION

NUMBER OF ADULTS IN THE HOUSEHOLD \_\_\_\_\_

ANYONE OVER THE AGE OF 60? \_\_\_\_\_

NUMBER AND AGES OF CHILDREN IN THE HOUSEHOLD:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DIETARY RESTRICTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

USDA APPLICATION COMPLETED: \_\_\_\_\_ YES \_\_\_\_\_ NO

OTHER FOOD AGENCIES VISITED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE ANY PHYSICAL HANDICAPS OR VISION PROBLEMS? \_\_\_\_\_ YES \_\_\_\_\_ NO

DO YOU HAVE A PRIMARY CARE PHYSICIAN? \_\_\_\_\_ YES \_\_\_\_\_ NO

NAME OF PRIMARY CARE PROVIDER: \_\_\_\_\_

PHONE NUMBER OF PRIMARY CARE PROVIDER: \_\_\_\_\_

IS VIM YOUR HEALTHCARE PROVIDER? \_\_\_\_\_ YES \_\_\_\_\_ NO

WOULD YOU LIKE A REFERRAL TO VIM? \_\_\_\_\_ YES \_\_\_\_\_ NO (If YES, give client VIM BROCHURE)

ARE YOU INTERESTED IN VIM NUTRITION CLASSES? \_\_\_\_\_ YES \_\_\_\_\_ NO