

INTAKE FORM

**WOMEN AND CHILDREN'S SHELTER INTAKE INTERVIEW INFORMATION**

Case Manager \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Spouse name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

**CHILDREN THAT WILL BE LIVING WITH YOU AT THE SHELTER**

Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

School \_\_\_\_\_

School \_\_\_\_\_

Daycare \_\_\_\_\_

Inoculations up-to-date \_\_\_\_\_

**CHILDREN LIVING ELSEWHERE**

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Living where? \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Living where? \_\_\_\_\_

Is there any reason you would want these children to join you at this shelter? \_\_\_\_\_

**HEALTH HISTORY**

See phone screen-elaborate on yes answers \_\_\_\_\_  
\_\_\_\_\_

Primary physician's name \_\_\_\_\_ Phone \_\_\_\_\_

Child medical issues \_\_\_\_\_  
\_\_\_\_\_

Child's doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dental referral needed \_\_\_\_\_ Adult \_\_\_\_\_ Child \_\_\_\_\_

Hospital for emergencies \_\_\_\_\_

Health insurance? \_\_\_\_\_

Are you or your children taking any prescribed medications? \_\_\_\_\_  
\_\_\_\_\_

We require that all medications be turned over to WCS staff. Medication is available twice a day. We will collect any medication you have after the intake process.

Are you pregnant? \_\_\_\_\_ Prenatal care providers \_\_\_\_\_

Due date \_\_\_\_\_ Delivery plan while at WCS necessary? \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_

### EDUCATION/EMPLOYMENT INFORMATION

#### EDUCATION HISTORY

Highest grade completed \_\_\_\_\_ Major skills \_\_\_\_\_

Training programs completed \_\_\_\_\_

Military service \_\_\_\_\_

#### EMPLOYMENT HISTORY

Current Employment Status:

Employed [  ]

Work Hours:

M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Flexible \_\_\_\_\_ (attach weekly schedule)  
(attach letter of confirmation of employment)

Unemployed [  ]

Last job ended \_\_\_\_\_ Why? \_\_\_\_\_

Previous employment \_\_\_\_\_

Signed up for Work First? \_\_\_\_\_

Other training started (explain) \_\_\_\_\_

Notes:

#### CASE INFORMATION

Race: \_\_\_\_\_

City of Birth \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

ID: State / D.L. \_\_\_\_\_ ID Number \_\_\_\_\_ Exp. Date: \_\_\_\_\_

S.S. # \_\_\_\_\_ Marital Status: S \_\_\_ M \_\_\_ D \_\_\_ W \_\_\_ SP \_\_\_

Spouse's Name \_\_\_\_\_

Relative's Name \_\_\_\_\_ Phone# \_\_\_\_\_ Relation: \_\_\_\_\_

#### FINANCIAL INFORMATION

Do you receive financial assistance from any state / federal agency? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which agency? \_\_\_\_\_ What amount? \_\_\_\_\_

If yes, which agency? \_\_\_\_\_ What amount? \_\_\_\_\_

**PSYCHIATRIC HISTORY**

See phone screen-elaborate on yes answers \_\_\_\_\_  
\_\_\_\_\_

How would you describe your current mental state? \_\_\_\_\_  
\_\_\_\_\_

Current Mental Health providers:

Name:	Name:
Address:	Address:
Phone:	Phone:
Contact:	Contact:

Last psychological evaluation: date \_\_\_\_\_ diagnosis \_\_\_\_\_ service provider \_\_\_\_\_  
Copy provided [ ] If not, explain \_\_\_\_\_

Treatment plan \_\_\_\_\_  
\_\_\_\_\_

Mental health court: yes [ ] no [ ]

Treatment plan court ordered? yes [ ] no [ ]

Treatment plan update \_\_\_\_\_  
\_\_\_\_\_

Have you ever been involved in a DV situation? \_\_\_\_\_  
\_\_\_\_\_

DV classes/providers \_\_\_\_\_  
\_\_\_\_\_

Child mental health issues \_\_\_\_\_

Abuse? \_\_\_\_\_

Diagnosis \_\_\_\_\_

How do you express anger? \_\_\_\_\_

Anger or stress management classes \_\_\_\_\_

**OTHER SOCIAL SERVICE PROVIDERS**

DSHS  
Case manager's name:  
Phone:  
Address:  
Type of services:

CPS  
Case manager's name:  
Phone:  
Address:  
Type of services:

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**DRUG HISTORY**

		yes	no	First use	Last use
Have you ever used:	Marijuana	[ ]	[ ]	_____	_____
	Alcohol	[ ]	[ ]	_____	_____
	Methamphetamine/ (uppers)	[ ]	[ ]	_____	_____
	Cocaine	[ ]	[ ]	_____	_____
	Heroin/opiates	[ ]	[ ]	_____	_____
	Hallucinogens	[ ]	[ ]	_____	_____
	Other prescriptions	[ ]	[ ]	_____	_____
	Inhalants	[ ]	[ ]	_____	_____

Drug of choice: \_\_\_\_\_

Family history of drug use \_\_\_\_\_

Treatment history:

out patient / in patient / complete / date / place / how long?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you been to drug court? Yes [ ] No [ ] Is treatment court mandated? Yes [ ] No [ ]

Current Treatment:

- Name:
- Address:
- Phone:
- Contact:
- Entry date:
- Notes:

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**LEGAL ISSUES**

See phone screen-elaborate on yes answers: \_\_\_\_\_  
\_\_\_\_\_

- Traffic ticket? \_\_\_\_\_
- DUIs (or DWIs)? \_\_\_\_\_
- Driver's license suspended? \_\_\_\_\_
- CPS involvement? \_\_\_\_\_
- Restraining order? \_\_\_\_\_
- Arrests? \_\_\_\_\_
- Misdemeanors? \_\_\_\_\_
- Felonies? \_\_\_\_\_
- Incarcerations? \_\_\_\_\_
- Community service \_\_\_\_\_
- Other \_\_\_\_\_

Attorney  
 Name:  
 Address:  
 Phone:

Are you or have you ever been on probation or parole? (elaborate) \_\_\_\_\_

DOC Number: \_\_\_\_\_

Community Corrections Officer  
 Name:  
 Address:  
 Phone:

Do you have any legal cases pending? \_\_\_\_\_  
 If yes, explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Referral to UGM legal services needed? \_\_\_\_\_

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**HOUSING INFORMATION**

Reasons for homelessness \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Past rental history date completed (done on separate sheet) \_\_\_\_\_

Service providers:

Case manager name:  
Address:  
Phone number:

Case manager name:  
Address:  
Phone number:

Evictions:

Date	Address	Landlord	Phone	Sec 8?	Total owing	Status
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**SPIRITUAL SURVEY**

Have you accepted Jesus Christ as your personal Lord and Savior? \_\_\_\_\_ When? \_\_\_\_\_

What does that mean to you? \_\_\_\_\_

If you were to stand before God and He were to ask you, "Why should I let you into heaven?" what would you say? \_\_\_\_\_

What denomination do you prefer? \_\_\_\_\_

Do you have a home church? \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Notes: