

SPOKANE CONSUMER INTAKE FORM

STAFF ONLY: Organization/Program: _____ **Agency Consumer ID#** _____

New Consumer **Update on Consumer**

Services Provided to Consumer: (Circle all that apply) Outreach/Contact, Case Management, Treatment, Support Group, Shelter, Transitional Housing, Permanent Housing, Mentoring, Follow-up, Parenting, Job Skills, Life Skills, Mental Health, Chemical Dependency, Domestic Violence, Education, Childcare Other: _____

Services were delivered in (circle one): City or County.

Grant and Year: (Circle all that apply) SHP – Year: _____ HS Grant, THOR, ESGP, S+C, None, Other: _____

Last Name 1st and 2nd Initial: _____, **First Name Initial:** _____, **Middle Name Initial:** _____ **Maiden Name Initial:** _____ **VET:** _____
SSN: _____

CURRENT DATE: _____ **BIRTHDATE:** _____ **SEX:** M _____, F _____, T _____, Other _____

ETHNICITY: Circle One: Of Hispanic Origin _____ Not of Hispanic Origin _____

RACE:(Circle One) White, Native American, African American, Asian/Pacific Islander, Biracial: (please list) _____ & _____, Other: _____ **Tribal Affiliation (Name of Tribe):** _____

Do you use community voicemail? YES NO ---

Do you have a: (circle all that apply) Valid State Identification card, Drivers license, Social Security card, Birth Certificate, None

Referred From (Circle one): Self, Other Outreach, Shelter, School, Hospital, Mental Health, Doctor, Drug Treatment, Police/Legal, CPS, Friends/Family, Other: _____

Present Income (Circle All Types That Apply): No Income, TANF, GAU, GAX, SSI, SSD, Child Support, ADATSA, Food Stamps, Part-Time Work, Full-Time Work, Veterans Benefits, Private Retirement, SSA, Unemployment, State Industrial, Medicare, Medicaid, Student Loans, Other _____

Total Present Monthly Income \$ _____

Total Amount of Food Stamps: \$ _____

Do have health insurance at this time? Yes, No

Are your children enrolled in SCHIP? Yes No NA

Since homeless has health care: Improved, Worse, Same.

Do you receive WIC? Yes No NA

Since homeless has childcare: Improved, Worse, Same, NA

Highest grade completed (Circle one):

College Graduate, AA, Technical Degree, Some College, High School Graduate, GED, 7th, 8th, 9th, 10th, 11thGrade, Less than 7th Grade

Describe Location Last Residence (Where you became homeless):

-City of Spokane: (Write Name of Neighborhood) _____

Neighborhood: _____

-Area in Spokane County: (circle area in county or write Town Name): North, South, City of Spokane Valley, W. Plains or Incorporated Town: _____

-ZIP Code: _____ **-Other WA County:** _____ **-Other State: and City** _____

Classification for Services – Are you: (Check One)

Household with Children (Family)

Household without Children (Single or with another adult)

Independent Youth (under age 18 – without parents/guardians)

Have You Been Homeless Before: YES NO **Date 1st became homeless (lifetime):** _____

How long have you been Homeless (this episode)? _____

Are you on a Permanent Affordable Housing waiting list? YES NO

Please complete Independent Youth Intake

In the past 30 days have you been discharged from? (Circle All That Apply):

Alcohol TX, CD/MH TX, Drug TX, Drug & Alcohol TX, Hospital, Jail/Prison, Psychiatric TX, , Respite, NA.

Where did you stay last night? (Circle one) Alcohol TX, Drug TX, Family/Friends, Hospital, Jail, Motel/Hotel, Psychiatric TX, Rental House/Apt, Shelter, Streets/Camper/Car, Transitional Housing, Your Own Home

How long have you stayed at this location? _____

Were your children with you at this location? Yes No NA

Did you leave your home due to Domestic/Intimate Partner Violence?

Yes No

Reason Became Homeless (Circle all that apply):

Alcohol Abuse, CPS Issues, Domestic Violence, Drug Abuse, Evicted, Family Conflict, Fire, Illness, Jail/Prison, Lack of Affordable Housing, Lack of Income, Lost Job, Mental Health Problems, Moved, Partner Substance Abuse, Physical Disability, Substandard Housing, Other _____

Are you pregnant? Yes No NA

What is your due date? _____

Do you have any Disabilities, Please list, if any: _____

COMPLETE FOR ALL FAMILY MEMBERS.

If more than 2 adults, please list their information on back.	Relationship to You	Initial of Last Name	Initial of First Name	SEX	Birth Date	Ethnicity/Race	Type of Disability	Income Source
Adult 2: Other Adult Living with you								
Adult 3: Other Adult living with you								

Children: Last & First Initials	Relationship to You	Living with: You Other Parent Other Residence	How long
Child 1 --			
Child 2--			
Child 3--			
Child 4			
Child 5			

For all Children (those living with you and not with you) complete the Child Intake form

COMPLETED BY STAFF: (UPDATE EACH TIME FORM IS COMPLETED!)

1. Was there space available today for the requested service(s)? Yes __, No __. **2. Was this person put on a pending/waiting list?** Yes __, No __.

If Consumer is ineligible, give reason: _____

If Consumer is Housed: Address of Housing Unit: _____ Unit Number: _____

Staff Comments