**Intake:** Required Intake Fields Introduction

## Purpose

This should ensure that all pertinent information concerning families is available to enhance service delivery and achievement of identified client care goals. These fields are required. Any additional questions will be asked at the discretion of the territory.

## Procedure

|  |  |
| --- | --- |
|  | procedures to follow |
| **1** | Upon meeting the criteria for participation in the program, caseworkers will engage in an initial interview process and complete the intake form utilizing the client management software with eligible families in order to collect the following information:   * Demographic Data * Family History * Household Information * Disability * Income * Education * Current Living Situation |
| **2** | As a part of the initial intake process with participants, immediate emergency needs will be addressed and preliminary case management goals will be identified. |

PERFORMANCE MEASUREMENT AND CLIENT TOOLS, POLICIES, AND PROCEDURES

# Intake: Required Intake Fields

*I certify that the information provided below is true, accurate, and complete to the best of my knowledge and belief.*

|  |
| --- |
| Personal Identification |

**Client Record & Demographics**

Name:

First Name Middle Last Name Suffix

Gender:

* Female
* Male
* Other
* Refused
* Transgender F to M
* Transgender M to F

Date of Birth Type: U.S. Military Veteran?

* Full DOB Reported
* Approximate/Partial DOB Reported
* Don’t know
* Refused

/ /

Date of Birth:

* Yes
* No
* Client doesn’t know
* Client Refused
* Data not collected

Primary Race: Secondary Race (If applicable): Ethnicity:

|  |  |
| --- | --- |
| * American Indian or Alaska Native | * American Indian/Alaskan Native & Black |
| * Asian | * American Indian/Alaskan Native & White |
| * Black or African American * Native Hawaiian or Other Pacific Islander * White | * American Indian or Alaska Native |
| * Don't Know | * Asian |
| * Refused | * Asian & White |

* Don’t know (HUD)
* Non-Hispanic/Non-Latino (HUD)
* Hispanic/Latino (HUD)
* Refused(HUD)

|  |
| --- |
| * American Indian or Alaska Native |
| * Asian |
| * Black or African American * Native Hawaiian or Other Pacific Islander * White |
| * Don't Know |
| * Refused |

**Required for all persons who answered "Yes" to U.S. Military Veteran in the Client Profile**

**The Salvation Army Required Intake Information**

Marital Status: Veteran Information: Homeless Information:

Is Client Homeless?

YESNO

Is Client Chronically Homeless?

 YES NO

* Single
* Married
* Divorced
* Minor
* Separated
* Widowed

Receiving Veterans Services?

* Yes
* No

Active Duty Military?

* Yes
* No
* Client Refused
* Client Doesn’t Know

Covered by Health Insurance?

* Yes
* No
* Client Refused
* Client Doesn’t Know

Do you have a disability of long duration?

* Yes
* No
* Refused
* Don’t Know

|  |
| --- |
| Living Situation |

Household Type:

* Foster Parent(s)
* Grandparent(s) and child
* Non-Custodial Caregiver(s)
* Other
* Single Adult
* Single Parent
* Two Parent Family

Family Members of Household:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **First Name** | **Last Name** | **Date of Birth** | **Social Security Number** | **Relation to Head of Household** |
| **1** |  |  | **/ /** | **­­­ - -** |  |
| **2** |  |  | **/ /** | **­­­ - -** |  |
| **3** |  |  | **/ /** | **­­­ - -** |  |
| **4** |  |  | **/ /** | **­­­ - -** |  |
| **5** |  |  | **/ /** | **­­­ - -** |  |
| **6** |  |  | **/ /** | **­­­ - -** |  |

Household Data Sharing:

Household Contact Phone#:

Additional Phone#:

Primary Language Spoken:

Email Address:

Address:

City:

State:

Zip Code:

If Mailing Address is Different:

Address:

City:

State:

Zip Code:

|  |
| --- |
| Employment & Educational Background |

**Education**

* None
* GED
* High School Diploma
* Associates
* Bachelors
* Masters
* Doctorate
* Other Graduate/Professional Degree
* Certification of Advanced Training/Skill Artisan
* Don’t Know
* Refused

Degree Earned:

Currently enrolled in school or working on any degree:

* Yes
* No
* Refused
* Don’t Know

**Work History**

Employment Status:

* Full Time
* Part Time
* Seasonal Work
* Volunteer Work Only
* Temporary
* Unemployed

Hourly Wage:

**Income**

**Last 30 Day** **Income:**

Source of Income:

* Child Support
* Earned Income
* General Assistance
* No Financial Resources
* Other
* Pension from Former Job
* Private Disability Insurance
* Retirement Income
* SSDI
* SSI
* Unemployment Insurance
* Veteran’s Disability Payment
* Veteran’s Pension
* Worker’s Compensation

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Start Date: End Date: