**St. Vincent de Paul Society – St. Luke’s Parish Conference**

**INTAKE FORM *Repeat Guest \_\_\_\_\_\_\_\_\_\_\_***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE** |  | | **NAME OF GUEST:** | | | | | | | | | | | | | | | | |
| **ADDRESS** | ***Boundary confirmed \_\_\_\_\_*** | | | | | | | | | | | | | | | | | | |
| **PRIMARY PHONE** |  | | **SECONDARY PHONE** | | | |  | | | | | **BEST TIME TO CALL** | |  | | | | | |
| **WHO WILL BE PRESENT FOR HOME VISIT: BEST TIME TO MEET:** | | | | | | | | | | | | | | | | | | | |
| **TOTAL NUMBER OF PEOPLE IN HOUSEHOLD**: (include names). | | | | | | | | | | | | | | | | | | | |
| Adults | Male/age. | | | | | | Female/age. | | | | | | | **Veteran**? | | | |  | |
| Children | Male/age. | | | | | | Female/age. | | | | | | | **Animals**? | | | |  | |
|  | | | | | | | | | | | | | | | | | | | |
| **WHO REFERRED THE GUEST TO SVDP?** | | | | | | |  | | | | | | | | | | | | |
| **HAS THE GUEST BEEN HELPED BY SVDP BEFORE?** | | | | | | | YES | |  | NO |  | WHEN |  | | | | | | |
| What assistance was received | | |  | | | | | | | | | | | | | | | | |
| What has changedsince then | | |  | | | | | | | | | | | | | | | | |
| **WHAT TYPE OF HELP IS NEEDED** | | | | | | | | | | | | | | | **ESTIMATED AMOUNT**  **$** | | | | |
| **IS THE GUEST CURRENTLY EMPLOYED** | | | | | | |  | | | | | YES |  | NO | | |  | | |
| If yes, list place of employment | | |  | | | | | | | | | | | | | | | | |
| **IS THE GUEST A MEMBER OF ST. LUKE’S PARISH?** | | | | | | | | | | | | YES |  | NO | | |  | | |
| **IS THE GUEST RETIRED?** | | | | | | | | | | | | YES |  | NO | | |  | | |
| **IS THE GUEST DISABLED?** | | | | | | | | | | | | YES |  | NO | | |  | | |
| **DOES THE GUEST RECEIVE ANY OF THE FOLLOWING:** | | | | | | | | | | | | | | | | | | | |
| Welfare (TANF) | | YES | |  | NO |  | | Unemployment | | | | | | YES | |  | | NO |  |
| Food stamps | | YES | |  | NO |  | | WIC – food low income women/ kids | | | | | | YES | |  | | NO |  |
| Supplemental Security Income | | YES | |  | NO |  | | Rental Assistance | | | | | | YES | |  | | NO |  |
| Social Security Disability | | YES | |  | NO |  | | Other | | | | | | YES | |  | | NO |  |
| Medicaid | | YES | |  | NO |  | |  | | | | | |  | |  | |  |  |
|  | | | | | | | | | | | | | | | | | | | |
| **ADDITIONAL COMMENTS:** | | | | | | | | | | | | | | | | | | | |
| **REFERRALS -** Please list all referrals made to this guest or their family members; always include  **Contact of Ocean County 732-240-6100** and **SVDP Food Bank hours** – M & F from 9:00 am to 12:45 pm***.***  ***If seeking help with utilities, please confirm they have spoken to the utility company first.*** | | | | | | | | | | | | | | | | | | | |
| **SVDP Volunteer:** | | | | | | | | | PHONE NO.: | | | | | | | | | | |