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

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

|  |  |  |
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| **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.:  |