

Client Intake Form

Date: _____

Client ID: _____

Client Name: _____ DOB: _____

Place of Birth _____ Race _____

Address: _____ City _____ State _____ Zip _____

Tel. No. _____

Alt. No. _____ Name/Relation of Contact Person _____

Employer _____

Employer's address _____

Tel. No. _____ Ext. _____

What is your relationship to the Vetern who you care for?

Married Divorced Dating (if so, how long) _____

Boyfriend Former Boyfriend Intimate Partner

Girlfriend Former Girlfriend Other) please specify) _____

Are you currently living with the Veteran you care for? yes no

If yes, do you have an alternative place to stay during an emergency? yes no

Are there any children in common with the Veteran you care for? yes no

Children's Name

Date of Birth

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

4. _____

4. _____

A copy of this Release/Authorization is as valid as the original. A scan and/or facsimile of this Release/Authorization is as valid as the original.



If yes, are the children currently residing or staying with you and the Veteran you care for?

yes no

Services interested in:

- Financial Emergency
- Intimate Partner Violence
- Activities
- Mental Health Options
- Food/Clothing

Please check at least one verification option attached to request:

- VA award letter Caregiver Stipend DD214 Police Report
- Shelter Referral Non-profit referral

*DD214 must show medical discharge to use in place of VA award letter.

Specific hardship information:

The following information requested is for the Veteran you care for:

Name _____ Male Female

Military Branch _____

Career/MOS _____

Is the Veteran medically retired? yes no

Is the Veteran seeking assistance with the VA? yes no do not know

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NOTICY OF PRIVACY ACT RIGHTS

Pursuant to the Privacy Act 10 U.S.C. 8013, all personal information provided to Healing Household 6 by way of any Board Member or Caregiver Case Manager shall be held in confidence at all times and only shared with outside agencies and organizations that serve to assist the Client. This agreement signed by the Client shall serve as his or her authorization to share protected information with other agencies and organizations, only for the direct purpose of assisting the Client in his or her case through Healing Household 6.

Required by Law. HH6 Caregiver Case Managers will disclose protected information when required by law in any; but not limited to, of the following situations:

- Reporting child abuse or neglect
- Court ordered
- Legal duty to warn or take action regarding imminent danger to others
- When client is a danger to self or others, or gravely disabled
- When required to report certain injuries

Fundraising. HH6 may contact clients as part of its fundraising activities.

Client Authorization or Release of Information. HH6 may not use or disclose your protected information in any way without a signed authorization or release of information from you, **except for the use in obtaining outside services; including but not limited to, mental health counseling, legal assistance, temporary housing and/or emergency shelter assistance.** The authorization or release may be revoked by written request only. The revocation will apply upon receipt of notice in writing.

Copy of this Notice. You have a right to obtain another copy of this Notice upon written request.

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I acknowledge that I have been given/offered a copy of the following:

Yes No Client Agreement

Yes No Notice of Privacy Rights (contained in this document)

Client Signature	Printed Name	Date
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Caregiver Case Manager Signature	Printed Name	Date
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