

SCCS Client Intake Form

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____ Homeless?

Best Phone: _____ Alternate phone: _____ Email: _____

Township/Village: _____ School District: _____

Household Member (first and last name)	Relationship	Date of Birth	Gender	Race/ Ethnicity*	Employer	School Attending	Veteran?
	Self						

*Response is voluntary. Please use the following abbreviations: AI=American Indian, AR=Arabic, AS=Asian, B=Black, H=Hispanic, PI=Pacific Islander/Hawaiian, W=White, M=Multiple Races/Ethnicities

Please complete this section ONLY if applying for Financial Assistance

Monthly Income (proof required)		Monthly Expenses	
Salary		Rent/Mortgage	
Unemployment		Utilities	
Pension		Water Bill	
VA Benefits		Garbage	
Worker's Comp		Telephone/Cell	
Child Support/Alimony		Cable/Satellite	
DHHS Cash Assistance		Food (after using food stamps)	
Bridge Card/Food Stamps		Car Payment/Insurance	
Social Security Income		Transportation/Gas	
Social Security Disability		Clothing	
Other		Laundry	
Other		Medical Expenses/Bills	
		Other	
		Other	
Total Monthly Income	\$	Total Monthly Expenses:	\$

Areas of Need (Please circle all that apply):

Housing: Finding Landlord Problems Condition Utility Shutoff Heating Eviction Foreclosure

Basics: Food Household/Personal Items Clothing

(Continued on back)

Health: Finding a Doctor Paying for Medication Dental Care Obtaining Insurance Disability Vision Care

Employment: Application Help Interview Help Finding Jobs Unemployment Compensation Worker's Comp

Senior Resources: Transportation Basic Needs In-Home Support Social Opportunities

Other: Veteran's Benefits Legal Issues Transportation Substance Abuse Childcare Family Counseling

What do you think you need to improve your current situation?

Who have you already visited with your concerns? (Please circle all that apply):

DHHS (Department of Health and Human Services)

Housing Resources, inc. Salvation Army Michigan

Works 2-1-1 Help Line Other: _____

How did you hear about us?

SCCS Confidentiality Pledge

All information shared will remain confidential within SCCS. Your personal information will not be communicated on your behalf without your written permission to do so. Exceptions to this pledge include instances when SCCS professional staff have reason to believe you have intent to harm either yourself or others.

Authorization for Release of Information and Personal Disclosure

I _____ (print name here) give authorization to South County Community Services (SCCS) and its trained staff (including student interns) to verify the information that I have provided with any organization or agency necessary in order to receive assistance from SCCS. I also authorize the release of information about my situation to participating agencies or organizations to help SCCS staff make appropriate service referrals needed to coordinate service planning for me and/or my family.

This consent to receive and release information will remain active while I am receiving services from SCCS. I understand that revoking my consent may affect my ability to receive services from SCCS and other participating agencies.

I certify that all information provided is true. I understand that falsifying any information is grounds for termination of my relationship with SCCS.

Name: _____ Signature: _____ Date: _____