

Society of Saint Vincent de Paul

St. Patrick's Conference Intake Form

Appointment Date _____ Time _____

APPLICANT INFORMATION

Last Name		First Name	Middle Initial	Telephone	
Address			Apt. No.	Zip	
Apartment Name			Specific Help Requested		
Months/Years at Apt Location	Auto(Make, Model, Year)				
Date of Birth	Place of Birth		DL#		
Incoming Status	Marital Status			Referred By	
<input type="checkbox"/> New to Service <input type="checkbox"/> Helped Before <input type="checkbox"/> St. Pats Member	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Unmarried Couple <input type="checkbox"/> Other				

HOUSEHOLD INFORMATION

Family/Household Members Names	Age	Relationship	School Grade	Employer / School	Monthly Salary

SPECIFIC QUESTIONS

1. What circumstances led to this need?
2. How long has this need existed?
3. Do you anticipate this need will repeat?
4. If so, how do you plan to help yourself?
5. List your last 2 places of employment.
6. Where did you last apply for a job?
7. Do you have medical insurance, Medicare, or Medicaid?

FINANCIAL INFORMATION

Monthly Income		Monthly Expenses	
Family Take Home Wages	\$	Rent	\$
TANF	\$	Food	\$
Food Stamps	\$	Electricity	\$
Vet Benefits	\$	Water	\$
Pension / SSI / SSDI	\$	Natural Gas	\$
Worker's Comp	\$	Telephone and Cell Phones	\$
Child Support	\$	Car Payment	\$
Medical / CHIP	\$	Car Insurance	\$
WIC	\$	Gasoline	\$
Financial Assistance from Family & Friends	\$	Medical / CHIP	\$
Other Charities	\$	Child Care	\$
Other	\$	Credit Cards / Loans	\$
	\$	Other/Internet/Cable	\$
	\$	***Payday/Title Loans***	\$

ADDITIONAL SPACE FOR INTERVIEWER

*****Amounts in excess of guidelines reviewed with _____

SVDP Interviewer _____ **Date** _____

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