Name: _____

Phone #_____ **Date:** _____

Client #_____ **Church affiliation:** _____

Mission Statement

Our mission is to mobilize the church to transform lives and communities in the name of Christ

What is your MOST IMPORTANT need?

- ☐ Advocacy
- ☐ Carts
- ☐ Gas (Auto)
- ☐ Clothing
- ☐ Food
- ☐ Household Items
- ☐ Prescriptions
- ☐ Referrals for services
- ☐ Holiday Baskets
- ☐ Transportation
- ☐ Rent
- ☐ Utilities/ oil
- ☐ Homeless placement
- ☐ Firewood/propane
- ☐ Personal Care ☐ Home Visits
- ☐ Prayer: What can we pray for _____
- ☐ Financial (explain) _____
- ☐ Other (explain) _____

Upon completion, and receipt of application, you will be contacted by Love INC staff within three business days.

ALL INFORMATION RECEIVED, WILL BE KEPT **CONFIDENTIAL.**

*Do you own a vehicle?*_____ *What Kind? (Year and make)* _____

Number of adults _____ Number of children _____

Love INC of the Kenai Peninsula — General Client Intake Form

We are not an emergency service and we do not supply money directly. It usually takes approximately two weeks to process applications. The questions we will be asking must be answered in order for us to assist you with your need

Date _____ Intake Clerk: _____ **PHONE NO.** _____

1. **Head of Household** Last Name_____ First name and M.I._____

   DOB___/___/_____ SSN____/___/_____ **Are you disabled?** (Doctor certified) Yes❑ No❑

   Known by any other Name: _____

2. **Spouse or S/O** Last Name_____ First name and M.I._____

   DOB___/___/_____ SSN____/___/_____ **Are you disabled?** (Doctor certified) Yes❑ No❑

   Known by any other Name: _____

3. **Others in Household**

Name (first & last)	**Birth Date**	**SS#-minimum last 4 numbers**	**Age**	**Gender**	**Relationship**	**Disabled** (yes/no)
	___/___/____	___/___/___				
	___/___/____	___/___/___				
	___/___/____	___/___/___				
	___/___/____	___/___/___				
	___/___/____	___/___/___				

4. **Phone Numbers**: Home_____Cell_____Work_____Message _____

5. **What is the primary reason you need assistance?** (check one only)

__Illness/Injury _____	Unemployed (over 60 days) ___	__Job loss (less than 60 days)
__Hours Cut _____	Legal Issues_____	__Low Wages/Fixed Income (SSD)
__New job (paycheck delay)_____	ATAP(delay/sanction)_____	__Benefits Interrupted (VA, SSI)
__Loss of Partner/Roommate _____	Death in family _____	__Non-payment of child support
__Domestic Violence _____	Hospital of Facility Release ___	__Other_____

6. **Mailing Address**_____ City,State, Zip_____

7. **Physical Address**_____ City, State, Zip_____

8. **How long have you lived at this location?** _____

9. **Do you have family in the area**? ❑ Yes ❑ No **Have you asked family or friends for help**? Yes ❑ No ❑

10. **U.S. Citizen** Yes ❑ No ❑ **Registered Alien** (Green card) Yes ❑ No ❑ **Veteran** Yes ❑ No ❑

11. Are you or any member of you family eligible for benefits through the Alaska Mental Health Trust? Yes___ No___

What is your primary race?

12. **Race:** __Alaska Native __Asian __Black __White __ Other _____

Do you receive a native dividend check? __Yes__No How much $_____ How often?_____
Have you contacted them for help?__Yes__No
Do you have a BIA Card ?__Yes __No. #_____CDIB__Yes __NO #_____

13. **Ethnicity of Client:** __Hispanic/Latino ___Non Hispanic/Latino __Don't Know __Refused

14. **Do we have your permission to verify your information?** Yes __ No ___
Do we have your permission to share your need with an Agency or Church? Yes__ No __
Would you like someone from a church to visit you? ___Yes ___No
How may we pray for you?_____

15. **Have you called Love INC before**? Yes❑ No❑ Church Affiliation if any: _____

16. **Are you employed**? Yes❑ No❑ **Employer**?_____ **How Long**?_____

Name of supervisor:____ _____ **Contact #**_____

Wages: Hourly$ _____ Hours per month_____Hire date_____**(If not employed you must sign a employment declaration form)**
Prior employer_____**How Long?**_____

17. **Is your spouse/S.O. employed**? Yes❑ No❑ **Employer**?_____**How Long**?_____

Name of supervisor_____**Contact #**_____

Wages: Hourly$_____Hours per month_____*(If not employed you must sign a employment declaration form)
*(If yes, we must have copies of paychecks for income earned the most recent 30 days)
Prior employer:_____**How Long?**_____

18. **Are there any other <u>adults</u> living with you that are working? Yes___ No ___ Who?**_____
If no, why are they not working? _____
If yes, Employer?_____**How Long?**_____
Name of supervisor:_____ **Contact #**_____
Wages: Hourly $_____Hours per month_____Hire Date_____*(If not employed you must sign a employment declaration form) *(If yes, we must have copies of paychecks for income earned the most recent 30 days)

19. Are you making payments on your vehicle?___ **Monthly Payment $**_____

LOVE INC of the Kenai Peninsula **INCOME FORM**

Client Name_____ **Date**_____

Please detail income: (Every line of this form should be marked with a Y-yes or N-no to indicate that you asked the question)

ASSISTANCE INCOME	**Y/N**	**Amount**	**Case #**	**Case Worker**	**Contact #**	**Verified By (init)**
ATAP-AK Temporary Assistance		$				
Adult Public Assistance		$				
Unemployment Insurance		$				
Supplemental Security Income (SSI)		$				
Social Security Disability (SSD)		$				
Food Stamps		$				
Veterans Benefits						
Medicaid/Medicare						
Native Dividend/Assistance		$				
Section 8 or other Rental Assistance		$				
State Childcare (Denali Kidcare)						
WIC						
EARNED INCOME		$	**Per Hour**	**Hours per month**	**Name of employee**	
Salary (Head of Household)		$				
Salary (Spouse / S.O.)		$				
Salary (2nd job for either of above)		$				
Salary (other(s) living in household)		$				
Child Support ($ per month & name)		$				
Social Security (Head of Household)		$				
Social Security (Spouse / S.O.)		$				
Social Security (other adult in home)		$				
PFD(total $ & number in household)		$				
Retirement Benefits (other)		$				
Other		$				
Other		$				
Total Monthly Income						

LOVE INC of the Kenai Peninsula — EXPENSE FORM

Client Name_____ **Date**_____

List Expenses:

Expense — Name of Company	Date Due	Monthly Amount	Past Due Amount	Verified (Y/N)	Initials
Rent/Mortgage					
Electricity (Usually HEA)					
Natural Gas (Usually Enstar)					
Heating Oil					
Propane					
Phone Phone					
Other Utilities (Water…)					
Car Payment					
Auto Fuel (monthly expense or miles driven)					
Medical expense Medical insurance-if none say NO					
Medication (monthly expense)					
Laundry					
Food (in addition to food stamps)					
Credit Card					
Credit Card					
Credit Card					
Internet Services					
Cable/Satellite Services					
Renter/Home Owner Insurance					
Other					
Other					
TOTAL					

Comments:_____