



## CLIENT INTAKE FORM

Welcome beloved. The information requested on the form below is needed to help us prepare for and provide the necessary tools to ensure we match the right services tailored to your best interests.

Full Birth Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mobile Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY) SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

County of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ @\_\_\_\_\_.com

Relationship Status: ☐ Single/Never Married ☐ Married ☐ Divorced ☐ Widowed

Do you have children? ☐ yes ☐ no If yes, how many children? \_\_\_\_\_

Are you completing this form for yourself or someone else: ☐ self ☐ other

Which services do you need assistance with? ☐ Financial Emergency ☐ Housing

☐ Domestic Violence ☐ Mental Health ☐ Food Pantry ☐ Clothing/Care Package

☐ Drug Abuse Rehabilitation ☐ Veteran Services ☐ Employment Training/Assistance

Which service do you need immediately? \_\_\_\_\_

Hardship Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Are you currently employed? ☐ yes ☐ no ☐ Full-time ☐ Part-time ☐ Seasonal

Employer Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ May we contact your employer? ☐ yes ☐ no

### **Notice of Privacy Act Rights**

Pursuant to the Privacy Act 10 U.S.C. 8013, all personal information provided to True Heart, Inc. by way of any Board Member, Caregiver or 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 while seeking assistance from True Heart, Inc.

### **Required disclosures by Law**

True Heart, Inc. will disclose protected information when required by law in any; but not limited to, of the following situations:

- Reporting child abuse or neglect
- Court order
- 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.

### **Client Authorization for Release of Information**

True Heart, Inc. 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.

By signing this form, you are agreeing that all information listed is true and accurate. Any additional that is need will be requested at time of client consultation.

Client:

True Heart Representative:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
\_ Date

\_\_\_\_\_  
Date