

JEWISH COMMUNITY SERVICES

Intake Form

The following questions assist program staff in determining eligibility and identifying the support which would benefit you. Please complete these questions as thoroughly as possible.

Today's Date: _____

Name (Last, First): _____, _____

Address: _____

Contact phone #: _____ **E-Mail address:** _____

SSN: _____ - _____ - _____ **Date of Birth:** _____ **Age:** _____

Gender: _____ **How long have you lived in Hawai'i:** _____

Marital Status: Divorced Married Partner Single Widow Other _____

Religious Preference: Orthodox Conservative Reform Other _____

In Case of Emergency (Name and contact information):

Power of Attorney? No Yes (Name and contact information):

Living Will? No Yes (Name and contact information):

Are you a veteran of the U.S. Armed Forces? () Yes () No Branch: _____

Referred by: _____

Have you ever received assistance from Jewish Community Services () Yes () No

If YES, please describe what assistance you received:

List all people residing in your household, include name, age, and relationship to you.

Assistance you are requesting:

What is your monthly income: (Please provide supporting documents)?

Employment	\$
Pension	\$
SSI or SSDI	\$
Property Income	\$
General Assistance (GA)	\$
SNAP	\$
Other	\$
<u>Total Amount</u>	\$

Do you currently have a representative payee or fiduciary? () Yes () No

What are your monthly expenses: (Please provide supporting documents)?

Rent	\$
Utilities	\$
Food	\$
Transportation	\$
Medical	\$
Medication	\$
Other	\$
<u>Total Amount</u>	\$

****** Please provide copies of documentation to validate the monthly income, expenses, and assets (i.e., bank statements, income verification, lease agreements, utility bills, ect******

Current Assets: (Please provide supporting documents)?

Checking Account	\$
Savings Account	\$
Real Estate	\$
Stocks and Bonds	\$
Any other:	\$

Do you have any significant outstanding debts?

() No

() Yes (if yes, select from debt area below) (Please provide supporting documents)

Housing Loans	\$
Student Loans	\$
Other Loans	\$
Credit Card Debt	\$
Child Support	\$
Alimony	\$
Medical Expenses	\$
Fines or Legal Obligations	\$
Outstanding Tax Bills	\$
Other: Specify	\$

Do you have any legal issues? () Yes () No

Have you ever been convicted of a sex offense? () Yes () No

Criminal Justice Status: _____

Do you drink Alcohol? () Yes () No **How often?** _____

Do you use any illegal street drugs or abuse any prescription medications? () Yes () No

How often? _____

Have you ever received professional treatment for alcohol or other substance use disorder?

() Yes () No

Has a doctor or nurse ever told you that you have any of the following medical conditions?

a. HIV/AIDS	() Yes () No
b. Hepatitis C	() Yes () No
c. Heart Disease	() Yes () No
d. Stroke	() Yes () No
e. Diabetes	() Yes () No
f. Seizures	() Yes () No
g. Chronic Pain (specify source)	() Yes () No
h. Other (specify)	() Yes () No

Have you ever been hospitalized for a psychiatric problem? () Yes () No

If yes, for what issue/diagnosis? _____

Do you have a Social Worker or Case Manager? _____

Their Name: _____

Agency: _____

Phone #: _____

Email: _____

Your record will be kept confidential and any information you provide will not be released without your consent unless authorized by law (for example, State public health reporting). You have the right to the information in your record and may request a copy.

I, _____, affirm that I have read the information set-forth above and by
(Print Name)
signing this document, I certify that the information is true and accurate.

Signature: _____ **Date:** _____