



**IN ORDER TO PROCESS YOUR REQUEST FOR ASSISTANCE WE MUST HAVE ACCURATE FINANCIAL INFORMATION:**

MONTHLY EARNED INCOME		MONTHLY EXPENSES	
		<i>HOUSING:</i>	
SALARY (take-home monthly)	\$	RENT	\$
SPOUSE SALARY (take-home monthly)	\$	MORTGAGE	\$
SOCIAL SECURITY	\$	LOT RENT	\$
SALARY OF OTHERS IN HOME	\$	<i>HOUSEHOLD NECESSITIES:</i>	
SOCIAL SECURITY DISABILITY		ELECTRIC	\$
		GAS	\$
CHILD SUPPORT		WATER	
ALIMONY	\$	SEWER	\$
PENSION or RETIREMENT	\$	CABLE/ SATELLITE TV	\$
VA PENSION	\$	PHONE	\$
WORKMEN'S COMPENSATION	\$	CELL PHONE	\$
UNEMPLOYMENT COMPENSATION	\$	FOOD	\$
SHORT-TERM DISABILITY	\$	DIAPERS & BABY NECESSITIES	\$
LONG-TERM DISABILITY	\$	CLOTHES	\$
		CHILD SUPPORT	\$
OTHER	\$	CHILD CARE	\$
ASSISTANCE FROM OTHERS	\$		
		<i>TRANSPORTATION:</i>	
		CAR PAYMENT(s) (total for all vehicles)	\$
		CAR INSURANCE (total for all vehicles)	\$
		GASOLINE	\$
		BUS / CAB FARE	\$
<i>MONTHLY UNEARNED INCOME:</i>		<i>CREDIT/ LOANS:</i>	
TANF (AFDC)	\$	CHARGE CARDS (monthly payment)	\$
FOOD STAMPS	\$	LOANS (monthly payment)	\$
ENERGY ASSISTANCE	\$	STUDENT LOAN	\$
HOUSING ALLOWANCE	\$	<i>MISCELLANEOUS:</i>	
SSI	\$	CHURCH TITHES	
		ENTERTAINMENT	\$
WIC (CHECK IF APPLIES)	\$	FINES / RESTITUTION/ PROBATION FEES	\$
		MEDICAL EXPENSES	
ABC VOUCHERS	\$	PRESCRIPTION MEDICATION	
STIPENDS	\$	OTHER	
OTHER	\$	<i>INSURANCE:</i>	
		LIFE INSURANCE	\$
		MORTGAGE or RENTER'S INSURANCE	\$
		HEALTH INSURANCE	\$
<b>TOTAL MONTHLY INCOME</b>	<b>\$</b>	<b>TOTAL MONTHLY EXPENSES</b>	<b>\$</b>

Previous employment (if less than 6 months) \_\_\_\_\_

Previous address (if less than a year) \_\_\_\_\_

What has occurred during the past 30-60 days to render you in need of financial assistance?  
 \_\_\_\_\_  
 \_\_\_\_\_

HOW WILL CLIENT CONTINUE TO MEET EXPENSES AFTER THIS ASSISTANCE? (BE SPECIFIC)  
 \_\_\_\_\_  
 \_\_\_\_\_

If unemployed are you actively seeking employment? \_\_\_\_ If no why not? \_\_\_\_\_  
 Amount requested \_\_\_\_\_.

I, the undersigned request assistance from this agency. The information I have provided is true and correct. I understand that if any information is found to be false my request may be affected. Furthermore, I authorize the representatives of \_\_\_\_\_ (name of agency) to release this information, plus any information they develop to agencies and individuals related to my needs for the purposes of referral. \_\_\_\_\_ (name of agency) representatives will request that the confidentiality of all information released be protected.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Procedure for use of Shared Community Intake (SCI)**

1. Fill out the Shared Community Intake (SCI) as completely as possible; at least shaded portion of page 1, excepting Social Security #.
2. Have client sign the (SCI)
3. Give one copy to the client.
4. Fax SCI to all agencies that you are referring the client.
5. File a copy with in your client file.
6. When you have received a referral from an agency, met with the client, and made an action plan, then you should fill out the response section of the SCI cover sheet and fax it back to the referring agency. This can be a very brief description i.e. (clothing, food, rent \$150.00 etc)

The referring agency will have a full view of who has helped this client and with what assistance. Until we are on line with this, you will have to contact them in order to see what all has been done.

Once we are computerized, this will be e-mailed and you will be able to go on line and see who has helped this client in the past.