

AGAPE HOME INTAKE INTERVIEW INFORMATION

Case Manager _____ Date _____

Name _____ DOB _____ SS# _____

Spouse name _____ DOB _____ SS# _____

CHILDREN THAT WILL BE LIVING WITH YOU AT THE SHELTER

Name _____ DOB _____ SS# _____

Name _____ DOB _____ SS# _____

Name _____ DOB _____ SS# _____

Name _____ DOB _____ SS# _____

School _____

School _____

Daycare _____

Inoculations up-to-date _____

CHILDREN LIVING ELSEWHERE

Name _____ Age _____ Sex _____ Living where? _____

Name _____ Age _____ Sex _____ Living where? _____

Is there any reason you would want these children to join you at this shelter? _____

HEALTH HISTORY

Primary physician's name _____ Phone _____

Child medical issues _____

Child's doctor _____ Phone _____

Dental referral needed _____ Adult _____ Child _____

Hospital for emergencies _____

Health insurance? _____

Are you or your children taking any prescribed medications? _____

We require that all medications be turned over to Agape staff. Medication is available twice a day.

Are you pregnant? _____ Prenatal care providers _____

Due date _____ Delivery plan while at Agape necessary? _____

EMERGENCY CONTACT: _____

Exit Date _____ Reason _____

EDUCATION HISTORY

Highest grade completed _____ Major skills _____

Training programs completed _____

Military service _____

EMPLOYMENT HISTORY

Current Employment Status:

Employed []

Work Hours:

M _____ T _____ W _____ Th _____ F _____ Sat _____ Sun _____

Flexible _____ (attach weekly schedule)
(attach letter of confirmation of employment)

Unemployed []

Last job ended _____ Why? _____

Previous employment _____

Signed up for Work First? _____

Other training started (explain) _____

Notes:

CASE INFORMATION

Race: _____

City of Birth _____ State _____ Country _____

ID: State / D.L. _____ ID Number _____ Exp. Date: _____

S.S. # _____ Marital Status: S ___ M ___ D ___ W ___ SP ___

Spouse's Name _____

Relative's Name _____ Phone# _____ Relation: _____

FINANCIAL INFORMATION

Do you receive financial assistance from any state / federal agency? Yes _____ No _____

If yes, which agency? _____ What amount? _____

If yes, which agency? _____ What amount? _____

PSYCHIATRIC HISTORY

How would you describe your current mental state? _____

Current Mental Health providers:

Name:

Name:

Address:

Address:

Phone:

Phone:

Contact:

Contact:

Last psychological evaluation: date _____ diagnosis _____ service provider _____

Copy provided [] If not, explain _____

Treatment plan _____

Mental health court: yes [] no []

Treatment plan court ordered? yes [] no []

Treatment plan update _____

Have you ever been involved in a DV situation? _____

DV classes/providers _____

Child mental health issues _____

Abuse? _____

Diagnosis _____

How do you express anger? _____

Anger or stress management classes _____

OTHER SOCIAL SERVICE PROVIDERS

DSHS

CPS

Case manager's name:

Case manager's name:

Phone:

Phone:

Address:

Address:

Type of services:

Type of services:

DRUG HISTORY

		yes	no	First use	Last use
Have you ever used:	Marijuana	[]	[]	_____	_____
	Alcohol	[]	[]	_____	_____
	Methamphetamine/ (uppers)	[]	[]	_____	_____
	Cocaine	[]	[]	_____	_____
	Heroin/opiates	[]	[]	_____	_____
	Hallucinogens	[]	[]	_____	_____
	Other prescriptions	[]	[]	_____	_____
	Inhalants	[]	[]	_____	_____

Drug of choice: _____

Family history of drug use _____

Treatment history:

out patient / in patient / complete / date / place / how long?

Have you been to drug court? Yes [] No [] Is treatment court mandated? Yes [] No []

Current Treatment:

Name:

Address:

Phone:

Contact:

Entry date:

Notes:

LEGAL ISSUES

Traffic ticket? _____

DUIs (or DWIs)? _____

Driver's license suspended? _____

CPS involvement? _____

Restraining order? _____

Arrests? _____

Misdemeanors? _____

Felonies? _____

Incarcerations? _____

Community service _____

Other _____

Attorney

Name:

Address:

Phone:

Are you or have you ever been on probation or parole? (elaborate) _____

Do you have any legal cases pending? _____

If yes, explain _____

HOUSING INFORMATION

Reasons for homelessness _____

Past rental history date completed (done on separate sheet) _____

Service providers:

Case manager name:
Address:
Phone number:

Case manager name:
Address:
Phone number:

Evictions:

Date	Address	Landlord	Phone	Sec 8?	Total owing	Status
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

SPIRITUAL SURVEY

Have you accepted Jesus Christ as your personal Lord and Savior? _____ When? _____

What does that mean to you? _____

If you were to stand before God and He were to ask you, "Why should I let you into heaven?" what would you say? _____

What denomination do you prefer? _____

Do you have a home church? _____ Name _____

Address _____ Phone Number _____

Notes: