



Steuben/Livingston

Today's Date: _____

Initials: _____ Filled: _____ Packet R or E _____
 Referred by: _____

First Name: _____ MI: _____ Last Name: _____

Address: _____
 Street City State Zip County

Primary Phone: (____) _____ - _____ Secondary Phone: (____) _____ - _____

Veteran: Yes No **Disabled:** Yes No **Domestic Violence:** Yes No **Substance Abuse:** Yes No **Mental Health:** Yes No

Housing Status: ___ Stable Housing ___ At Risk of Loss of Housing ___ Homeless, if Homeless, how long? _____

Assistance Needed: (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> BACK TO SCHOOL SUPPLIES | <input type="checkbox"/> Youth Mentoring | <input type="checkbox"/> Bus/Gasoline- Employment |
| <input type="checkbox"/> Personal Hygiene Items | <input type="checkbox"/> Parenting | <input type="checkbox"/> Employment Services |
| <input type="checkbox"/> Diapers/Pullups: Size _____ | <input type="checkbox"/> Adult's Home & Community Based Services | <input type="checkbox"/> Transportation- Elderly/Disabled |
| <input type="checkbox"/> Food/ Baby Food/ Baby Formula | <input type="checkbox"/> Healthy Families | <input type="checkbox"/> Children's Health Home Care Management |
| <input type="checkbox"/> Housing/Homeless | <input type="checkbox"/> Auto, Rent, Security Deposit, Utility | <input type="checkbox"/> Children's Home & Community Based Services |

Furniture (Please list what is needed): _____

List all household members (INCLUDING YOURSELF)

First Name & MI	Last Name	Gender	Relationship	Date of Birth	Social Security #	Education Level	Race	Ethnicity (Circle One)
								Hispanic Non-Hispanic
								Hispanic Non-Hispanic
								Hispanic Non-Hispanic
								Hispanic Non-Hispanic
								Hispanic Non-Hispanic
								Hispanic Non-Hispanic

Monthly Household Income for all members in Household:

Earned Income	\$ _____	Unemployment	\$ _____
SSI/SSDI	\$ _____	Alimony or other Spousal Support	\$ _____
Public Assistance	\$ _____	Other	\$ _____
Child Support	\$ _____		

Non Cash Benefits: (check all that apply)

SNAP (food stamps) _____ WIC _____ Section 8 or Public Housing _____

Health Insurance: Yes No

Medicaid: Yes No If yes, which option: Excellus MVP Fidelis United Health

Medicare: Yes No

I certify that all the information is true to the best of my knowledge. By signing this form, I give Catholic Charities Steuben/Livingston permission to review this information with other agencies and vendors. I also give permission to verify my medical insurance status and does not guarantee me assistance.

Signature: _____

Catholic Charities Steuben/Livingston General Intake Form

PLEASE COMPLETE FRONT AND BACK

Assistance Needed:

- BACK TO SCHOOL SUPPLIES**
- Personal Hygiene Items
- Diapers/Pullups/ Wipes
- Formula/ Baby Food
- Food
- Furniture
- Rent
- Mortgage
- Security Deposit
- Utility (Electric, Gas, Oil, Propane, Sewer, Water)
- Gas Card/LATS
- Auto Insurance & Repairs
- Other _____

Please return to one of the following choices below:

Catholic Charities of Steuben/Livingston
34 East State Street
Mount Morris, NY 14510

Fax: (585) 443-2413

Email: jessica.pierce@dor.org

Locked drop box on the left side of front door

Office is open: Mondays and Thursdays 9am-4pm (closed 12-1pm for lunch)

Caseworker available to meet in person on Wednesday's from 9am-12pm at the Dansville Foursquare Church. **By appointment only!!**

For questions please phone:

(585) 658-4466 ext. 26