

CASE NUMBER \_\_\_\_\_  
DATE PRESENTED \_\_\_\_\_

## Pike County Unmet Needs Intake Form

Name: \_\_\_\_\_ S.S.N. \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ M \_\_\_\_\_ F

Marital Status: \_\_\_\_\_

Others residing in the household:

Name	Relationship	D.O.B.	Age	SSN	Income	Student

Request: (Please be very specific about client's immediate need. Prioritize needs if more than one.)

---

---

---

---

---

---

Total Household Income (list name, source(s) and monthly amount):

Name	D'UW' cZ' 9a d' cna Ybh'	Gross Monthly Amount	B Yh' A cbh\` m=bVta Y

Total Household Assessts (list name, source(s) and amount):

Name	Source	Gross Monthly Amount

Housing Status: \_\_\_\_\_Own \_\_\_\_\_Rent \_\_\_\_\_Homeless \_\_\_\_\_Shelter \_\_\_\_\_Other

Current Benefits: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Food Stamps	Y	N
Medical Card	Y	N
WIC	Y	N

List others who have provided/have been asked to provide assistance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referred to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Release of Information form must be completed and attached to this referral.*

Intake Worker: \_\_\_\_\_

Intake Agency: \_\_\_\_\_

Date: \_\_\_\_\_

Bills and Payments made within the last 30 Days.

	Actual Amt. Paid	Monthly Expenses	Delinquent Amount
Rent/Mortgage	_____	_____	_____
Home Insurance	_____	_____	_____
Taxes	_____	_____	_____
Electric	_____	_____	_____
Gas	_____	_____	_____
Water	_____	_____	_____
Telephone/Cell	_____	_____	_____
Cable/Direct TV	_____	_____	_____
Garbage	_____	_____	_____
Vehicle Payment	_____	_____	_____
Gasoline	_____	_____	_____
Auto Insurance	_____	_____	_____
Maintenance/License	_____	_____	_____
Childcare	_____	_____	_____
Child Support	_____	_____	_____
Food	_____	_____	_____
Eating Out	_____	_____	_____
Supplies	_____	_____	_____
Laundry	_____	_____	_____
Hospital/Clinic	_____	_____	_____
Medical Supply	_____	_____	_____
Physician	_____	_____	_____
Prescriptions	_____	_____	_____
Health Insurance	_____	_____	_____
Life Insurance	_____	_____	_____
Education Costs	_____	_____	_____
Clothing	_____	_____	_____
Membership Fees	_____	_____	_____
Church/Charity	_____	_____	_____
Recreation	_____	_____	_____
Tobacco/Alcohol	_____	_____	_____
Credit Card	_____	_____	_____
Furniture	_____	_____	_____
Other (specify)	_____	_____	_____
<div style="border: 1px solid black; padding: 5px; width: fit-content;">                     Monthly Income                 </div>	Total Amt Paid	Total Monthly Expense	Total Delinquent Amt

## Client Contact Sheet

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Page: \_\_\_\_\_

On this sheet, please record the date, type of and reason for contact.  
Be specific, concise, and objective. Please place your initials after any entries.

Date

Information



## RELEASE OF INFORMATION

Date: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize release of relevant information by  
(Name of Client)  
\_\_\_\_\_ for the express purpose of providing assistance for my needs.  
(Person, Organization, Agency)

In addition, I hereby authorize the release of any other information by and between the Pike County Unmet Needs Members and organization or any other entity needed to complete the request listed below. I understand that I may revoke or rescind this authorization in writing at any time, except to the extent that action has been taken on this information.

I understand that this information is needed for \_\_\_\_\_. This  
(Specify)  
release of information is valid for one year from signature date. I understand that refusal to sign this release may result in denial of assistance by the Pike County Unmet Needs Committee.

I understand that I may inspect and copy any written correspondence released to the above party. A photocopy of this authorization shall be fully effective and is valid for all purposes as the original hereof.

I acknowledge that if data to be released includes information about my alcohol or other drug abuse treatment that is protected by Federal Law 42 CFR part 2, my signature authorizes release of the above information only to members of the Pike County Unmet Needs Committee.

Present Address

\_\_\_\_\_

Signature

\_\_\_\_\_

Witness

\_\_\_\_\_

Authorized Representative

\_\_\_\_\_

Date

\_\_\_\_\_

List of affiliated members:

First Christian Church, Pittsfield Assembly, Pittsfield Calvary Baptist, St. Paul Lutheran Church, St. Mary's, Bright Star United Methodist Parish, Pittsfield Nazarene Church, Milton Christian Church, Detroit Christian Church, Time Community Church, United Methodist Church, Two Rivers Regional Council, Pike County General Assistance, PACT Head Start, Pike County Health Department, University of Illinois Extension, Quanada-Pittsfield, Mental Health Centers of Western Illinois, Pike County Sheriff, Pike County Housing Authority, Illini Community Hospital, Findley Place Apartments