

CASE NUMBER _____
DATE PRESENTED _____

Pike County Unmet Needs Intake Formⁱ

Name: _____ Last 4 SSN _____

Address: _____

City, State, Zip: _____

Phone: _____ D.O.B. _____ Age: _____ Sex: _____ M _____ F

Marital Status: _____

Other household members (List everyone in the house):

Name	Relationship	D.O.B.	Age	Last 4 SSN	Income	Student

Assistance Request (Be specific about what you need help with, list in order if more than one):

Total Household Income (List each source of income, before and after taxes, if applicable):

Name	Place of Employment	Monthly Gross (Before Tax)	Monthly Net (After Tax)

Housing Status: _____ Own _____ Rent _____ Homeless _____ Shelter _____ Other

Current Benefits (What assistance do you receive now?):

Food		
Stamps	<input type="checkbox"/> Y	<input type="checkbox"/> N
Medical		
Card	<input type="checkbox"/> Y	<input type="checkbox"/> N
WIC	<input type="checkbox"/> Y	<input type="checkbox"/> N

Other Contacts (Who else have you asked for help, what did they do for you?):

Referred To (PCUN use only):

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

Intake Worker: _____

Intake Agency: _____

Date: _____

List all payments made for each category below. How much do these bills run each month? How far are you behind?

	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)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	Total Paid	Total Monthly Expense	Total Delinquent

NOTES

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:

Pittsfield First Christian Church, Pittsfield Assembly of God Church, St. Mary's Catholic Church, Bright Star United Methodist Parish, Pittsfield Nazarene Church, Milton Christian Church, Pittsfield United Methodist Church, Pike County General Assistance, PACT for West Central Illinois, Pike County Housing Authority, Illini Community Hospital, Findley Place Apartments, Independence Christian Church, Nebo Church of Christ, Nebo Baptist Church

Pike County Unmet Needs

Landlord Statement

Date: _____

Name of Applicant: _____

Address: _____

To be completed by Land lord

The person above has applied for Unmet Needs. To enable us to process their application we need the following information.

Owner of Property: _____

Rent Amount: _____ Total Amount Behind: _____

Date Rent is Due: _____

Number of Persons Living in Apartment/House: _____

If Applicant is found eligible for assistance, a check will be issued to the landlord.

Landlord's Name: _____

Landlord's Address: _____

Telephone: _____

Date: _____

Pike County Unmet Needs

Date: _____

Client's Name: _____

Transportation Need: _____

Driver's License Information:

Number: _____

DOB: _____

Expires: _____

Insurance Card Information:

Company Name: _____

Name on Policy: _____

Date of Coverage: _____

Registration Information:

Date: _____

Make copies of all documents.

Case Number _____

Date Presented _____

Pike County Unmet Needs Service Assessment

Please check below alongside any items that apply to your household;

Aging adults _____ Children _____ Veterans _____ Disabled individuals _____ Homebound Individuals _____ Experiencing homelessness or are unstably housed _____ Not eligible for unemployment insurance, public benefits _____ Formerly incarcerated _____ LGBTQIA _____ Youth in foster care/wards of the state _____ People experiencing wage loss _____ Refugees _____ Immigrants _____ Undocumented residents _____	Caucasian _____ African American _____ Latino or Hispanic _____ Asian _____ American Indian or Alaskan Native _____ Other _____ Prefer not to say _____
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Please circle one for each of the following questions.

Ratings are from 1 – Not Satisfied to 10 – Very Satisfied;

1. Was it difficult to contact a PCUN caseworker? 1 2 3 4 5 6 7 8 9 10
2. Was the PCUN application difficult to fill out? 1 2 3 4 5 6 7 8 9 10
3. Did the assistance provided meet your needs? 1 2 3 4 5 6 7 8 9 10
4. Are you still experiencing hardship after assistance? 1 2 3 4 5 6 7 8 9 10
5. Were you referred to other agencies for assistance? 1 2 3 4 5 6 7 8 9 10
6. Would you recommend PCUN to family or friends? 1 2 3 4 5 6 7 8 9 10

How did you hear about Unmet Needs services?

Comments

PCUN requires this form be completed in order to receive future assistance. By doing this, PCUN will be able better serve our community better in the future. **PCUN appreciates your time filling out this survey. THANK YOU!**