

WellSky ID#:

Social Services Intake Form



If you do not live in Lewis & Clark County you are not eligible for our services.

Name _____
First Name
Middle
Last Name

Date of Birth _____ Primary Language Spoken _____ How many members in your household? _____

The Salvation Army is committed to accommodating all those in need without unlawful discrimination or harassment based on age, race, color, religion, sex, national origin, marital status, disability, citizenship, sexual orientation, gender identity, gender expression, or any other characteristic by applicable law in accordance with our capacity to help. No one will be denied service for refusing to provide any of the requested information below, unless required by law or funding source.

Head of Household (HoH) Information:

Gender (check all that apply)	Race and Ethnicity (check all that apply)	U.S. Military Veteran? (check only one)	Is anyone in your household disabled? (check only one)
☐ Woman (Girl, if child) ☐ Man (Boy, if child) ☐ Culturally Specific Identity ☐ Transgender ☐ Non-Binary ☐ Questioning ☐ Different Identity ☐ Not Sure ☐ Prefer not to say	☐ American Indian, Alaska Native, or Indigenous ☐ Asian or Asian American ☐ Black, African American, or African ☐ Hispanic/Latina/e/o ☐ Middle Eastern or North African ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Not Sure ☐ Prefer not to say	☐ Yes ☐ No ☐ Not Sure ☐ Prefer not to say	☐ Yes ☐ No ☐ Not Sure ☐ Prefer not to say

Household Type: ☐ Single ☐ Couple/no children ☐ Two Parent Family ☐ Female Single Parent ☐ Male Single Parent
☐ Foster Parents ☐ Grandparents(s) and Child ☐ Non-custodial Caregiver(s) ☐ Other

Home Address // Unhoused (check if yes): ☐

Street _____ City _____ State _____ Zip Code _____

Phone Number: _____ E-mail Address: _____ County: _____

Total Monthly Household Gross Income (\$): _____

Please check all sources of income or non-cash benefits.

- | | | | |
|---|---|--|---|
| ☐ Alimony / Spousal Support \$ _____ | ☐ Food Stamps \$ _____ | ☐ Self-Employed Wages- \$ _____ | ☐ Veterans Disability Pension \$ _____ |
| ☐ Child Support \$ _____ | ☐ Public Assistance \$ _____ | ☐ SSI / SSDI \$ _____ | ☐ No Financial Resources |
| ☐ Earned Income \$ _____ | ☐ Retirement Income \$ _____ | ☐ Unemployment Income \$ _____ | ☐ Other: _____ |

Prayer Requests

- ☐ I would like to request a prayer for:

- ☐ I would like a pastoral visit: ☐ Yes ☐ No
- ☐ I would like information about The Salvation Army's worship services and church events.

How can we help you today?

- | | | |
|---|--|---|
| ☐ Food | ☐ Diapers | ☐ Spiritual Counseling |
| ☐ Rental Assistance | ☐ Hygiene items | ☐ Other: _____ |
| ☐ Utilities Assistance | ☐ Resources & Referrals | |

All other household members NOT including the Head of Household

	<u>Name</u>	<u>Date of Birth</u>	<u>Gender</u> (check all that apply)	<u>Race</u> (check all that apply)
1	First:	Month:	☐ Woman (Girl, if child) ☐ Man (Boy, if child) ☐ Culturally Specific Identity ☐ Transgender ☐ Non-Binary ☐ Questioning ☐ Different Identity ☐ Not Sure ☐ Prefer not to say	☐ American Indian, Alaska Native, or Indigenous ☐ Asian or Asian American ☐ Black, African American, or African ☐ Hispanic/Latina/e/o ☐ Middle Eastern or North African ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Not Sure ☐ Prefer not to say
	Last:	Day:		
	Relationship to You:	Year:		
2	First:	Month:	☐ Woman (Girl, if child) ☐ Man (Boy, if child) ☐ Culturally Specific Identity ☐ Transgender ☐ Non-Binary ☐ Questioning ☐ Different Identity ☐ Not Sure ☐ Prefer not to say	☐ American Indian, Alaska Native, or Indigenous ☐ Asian or Asian American ☐ Black, African American, or African ☐ Hispanic/Latina/e/o ☐ Middle Eastern or North African ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Not Sure ☐ Prefer not to say
	Last:	Day:		
	Relationship to You:	Year:		
3	First:	Month:	☐ Woman (Girl, if child) ☐ Man (Boy, if child) ☐ Culturally Specific Identity ☐ Transgender ☐ Non-Binary ☐ Questioning ☐ Different Identity ☐ Not Sure ☐ Prefer not to say	☐ American Indian, Alaska Native, or Indigenous ☐ Asian or Asian American ☐ Black, African American, or African ☐ Hispanic/Latina/e/o ☐ Middle Eastern or North African ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Not Sure ☐ Prefer not to say
	Last:	Day:		
	Relationship to You:	Year:		
4	First:	Month:	☐ Woman (Girl, if child) ☐ Man (Boy, if child) ☐ Culturally Specific Identity ☐ Transgender ☐ Non-Binary ☐ Questioning ☐ Different Identity ☐ Not Sure ☐ Prefer not to say	☐ American Indian, Alaska Native, or Indigenous ☐ Asian or Asian American ☐ Black, African American, or African ☐ Hispanic/Latina/e/o ☐ Middle Eastern or North African ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Not Sure ☐ Prefer not to say
	Last:	Day:		
	Relationship to You:	Year:		

5	First:	Month:	☐ Woman (Girl, if child) ☐ Man (Boy, if child) ☐ Culturally Specific Identity ☐ Transgender ☐ Non-Binary ☐ Questioning ☐ Different Identity ☐ Not Sure ☐ Prefer not to say	☐ American Indian, Alaska Native, or Indigenous ☐ Asian or Asian American ☐ Black, African American, or African ☐ Hispanic/Latina/e/o ☐ Middle Eastern or North African ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Not Sure ☐ Prefer not to say
	Last:	Day:		
	Relationship to You:	Year:		
6	First:	Month:	☐ Woman (Girl, if child) ☐ Man (Boy, if child) ☐ Culturally Specific Identity ☐ Transgender ☐ Non-Binary ☐ Questioning ☐ Different Identity ☐ Not Sure ☐ Prefer not to say	☐ American Indian, Alaska Native, or Indigenous ☐ Asian or Asian American ☐ Black, African American, or African ☐ Hispanic/Latina/e/o ☐ Middle Eastern or North African ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Not Sure ☐ Prefer not to say
	Last:	Day:		
	Relationship to You:	Year:		
7	First:	Month:	☐ Woman (Girl, if child) ☐ Man (Boy, if child) ☐ Culturally Specific Identity ☐ Transgender ☐ Non-Binary ☐ Questioning ☐ Different Identity ☐ Not Sure ☐ Prefer not to say	☐ American Indian, Alaska Native, or Indigenous ☐ Asian or Asian American ☐ Black, African American, or African ☐ Hispanic/Latina/e/o ☐ Middle Eastern or North African ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Not Sure ☐ Prefer not to say
	Last:	Day:		
	Relationship to You:	Year:		
8	First:	Month:	☐ Woman (Girl, if child) ☐ Man (Boy, if child) ☐ Culturally Specific Identity ☐ Transgender ☐ Non-Binary ☐ Questioning ☐ Different Identity ☐ Not Sure ☐ Prefer not to say	☐ American Indian, Alaska Native, or Indigenous ☐ Asian or Asian American ☐ Black, African American, or African ☐ Hispanic/Latina/e/o ☐ Middle Eastern or North African ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Not Sure ☐ Prefer not to say
	Last:	Day:		
	Relationship to You:	Year:		



DOING THE
MOST GOOD

IMPORTANT

Failing to report
income and
expenses accurately
could result in
application being
denied.

Budget Worksheet

	NOTES
Total Monthly Gross Income	
Monthly Gross Income: \$	
Source of Income:	
Monthly Gross Income: \$	
Source of Income:	
Food Stamps Amount: \$	
Total: \$	
Housing Expenses	
(Circle one) Rent or Mortgage: \$	
Utilities	
Landline Phone: \$	
Cell Phone: \$	
Electricity: \$	
Sewer: \$	
Water: \$	
Gas: \$	
Oil: \$	
Other: \$	
Total: \$	
Transportation	
Public Transportation: \$	
Car Payment: \$	
Insurance: \$	
Gas: \$	
Other: \$	
Total: \$	
Health Care	
Insurance: \$	
Prescription Medicines: \$	
Doctor Visits: \$	
Total: \$	
Miscellaneous	
Child Support: \$	
Entertainment (cable, DVD Rentals): \$	
Salon (haircuts, pedicures, etc): \$	
Memberships (gym, clubs, etc) \$	
Food (other than food stamps): \$	
Toiletries & Care Products: \$	
Credit Cards/Loans \$	
Kid's School Expenses: \$	
Childcare: \$	
Clothing: \$	
Laundry: \$	
Other: \$	
Other: \$	
Total: \$	

I understand that this is the intake application of inquiry into The Salvation Army's Family Services Program. I verify that all information is true and correct and understand that this application does not guarantee financial assistance in your program. I hereby give permission to The Salvation Army to contact any Government or Private Agency and caseworker to obtain information which would clarify my present situation and eligibility. I also give consent to the workers and agencies that The Salvation Army is requesting information from to release this information.

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Grievance Policy – All person (s) seeking assistance from The Salvation Army have the following rights:

- 1.The right to be treated with respect and dignity by employees of The Salvation Army Helena Corps.
- 2.Likewise, employees of The Salvation Army Helena Corps have the right to be treated with respect and dignity by those coming into this facility seeking assistance. Please refrain from profanity and cell phone use.
- 3.The right to receive assistance, without regard to race, cultural, language, gender, age, national origin, disability, creed, socioeconomic status or marital status.
- 4.The right to confidentiality within the limits of the law.

The right to lodge a grievance with the Corp Officer, if the person has reason to believe his or her rights have been violated.

Concerns, problems and/or complaints from a client must first be brought to the attention of the immediate supervisor. If the supervisor cannot resolve the issue to your satisfaction, you may address your concern problem and/or complaint in writing to Majors Brian and Iva West. This letter shall state the original complaint and specifically state the reason the first response was unsatisfactory or inadequate. Be sure to include your name and address for a written response. The Corps Officer will respond in writing as soon as possible.

Please Sign Below

Participant Signature (Adult 1)	_____	Date	_____
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Participant Signature (Adult 2)	_____	Date	_____
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Client Acknowledgement:

I acknowledge that The Salvation Army will enter my information in the Salvation Army internal database system for record keeping purposes.

Client Signature: _____

Today's Date: _____