***In-Person Intake Form for the Annapolis Conference of St. Vincent de Paul.***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SVDP Volunteer to complete Front & Back Sections** | | | | | **Log Number** | |  | | |
| Last Name | | First Name | | | Other Names | | | | Best Phone |
| Date of Birth (MM/DD/YYYY) | | Last 4 of SSN | | | Other DOB | Other SSN | | | Other Phone |
| **Address** | | | | | **Family Details** | | | | |
| Number | Street Name | | | Unit # | Marital Status | | | # of Dependents | |
| Zip | City | | | State | # of Adults | | | Dependent Birth Year(s) | |
| **EMAIL** |  | | | |  | | |  | |
| **Income per Month** | | **Costs per Month** | | | **Work History** | | | | |
| Wages | Unemployment | Rent | Medical | | Job  Yes/No | | | | Months Employed |
| Child Support | Social Services | Electric | Food | | Employer Name & Address | | | | |
| Social Security | Medical Assist | Water | Phone | |
| Disability | Income of Other Members of Household | Transport (incl. Car & insurance) | TV/Internet | | Referred by | | | | |
| Food Stamps | Alimony | Credit Cards | Other | |
| **Requested Support** | | | | | | | | | |
|  | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Client Name | | | | | | Talk Only? Y / N | | | | | |
| New Client | IOU? IOU details | | | | | | | | | | |
| Date | | Initials | Rent | Recovery | BGE | | Utility Other | Medical | Transp. | Food | Other |
| Log # | | | Tuition | Funeral | Homeless Outside | | Holiday Share | # Gift Cards | | | |
| BGE Account Number | | | | | | | | |  | | |
| Check # | | Check Recipient **W9** ? (Y/N): \_\_\_\_\_\_\_\_ | | | | | | | | | |
| Notes: | | | | | | | | | | | |