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

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| **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** |
|  |

|  |  |
| --- | --- |
| 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: |