

# Compassion Ministries Application Intake

Name: \_\_\_\_\_ SS #: \_\_\_\_\_  Female  Male  
 Head of household?  Yes  No If no, name of head of household: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 ID or DL#: \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_ Are you pregnant?  Yes  No  
 Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Are you a veteran?  Yes  No

**Do you have a car?:**  Yes  No  
 If Yes, Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate \_\_\_\_\_

**Ethnicity:**  Hispanic  Non-Hispanic

**Race:** (Check all that apply to you)

- American Indian/Alaskan Native
- Asian
- Black/African American
- Hawaiian/ Other Pacific Islander
- White

**Education:**

1. Highest Grade Completed (check one): 6  7  8  9  10  11  12

Did you graduate from high school or receive a GED?  Yes  No

Name of high school: \_\_\_\_\_

2. College or Technical School Where? \_\_\_\_\_ When? \_\_\_\_\_

Years attended \_\_\_\_\_ Major \_\_\_\_\_

3. Special Training/Skills:

**Housing:**

Where did you sleep last night? \_\_\_\_\_ Length of stay: \_\_\_\_\_

**Housing situation: (check one)**

- Homeless
- At-risk of losing housing/homelessness
- Fleeing domestic violence

**How long? (check one)**

- 1 day to 1 week
- More than 1 week, but less than 1 month
- More than 3 months, but less than 1 year

**Have you been homeless before?**  Yes  No

Length of time on street, in an emergency shelter, or in a safe haven? \_\_\_\_\_

Number of times you have been homeless in the past 3 years? \_\_\_\_\_

Have you stayed at Compassion Ministries before?  Yes  No

If yes, when? \_\_\_\_\_

**Have you lived in public housing before?**  Yes  No

If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

Did you leave owing money?  Yes  No Amount? \_\_\_\_\_

**Have you ever broken a rental agreement or lease, or been evicted?**  Yes  No

If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

Did you leave owing money?  Yes  No Amount? \_\_\_\_\_

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**Income Sources:** (Check all that apply to you)

- |   |                |          |
|---|----------------|----------|
| <input type="checkbox"/> Earned Income      | Monthly Amount | \$ _____ |
| <input type="checkbox"/> TANF               | Monthly Amount | \$ _____ |
| <input type="checkbox"/> Child Support      | Monthly Amount | \$ _____ |
| <input type="checkbox"/> Veteran's Benefits | Monthly Amount | \$ _____ |
| <input type="checkbox"/> SSI/SSDI           | Monthly Amount | \$ _____ |
| <input type="checkbox"/> Other (explain)    | Monthly Amount | \$ _____ |

Have you applied for SSI or SSDI?  Yes  No  
Date of application? \_\_\_\_\_

**Non-Cash Benefits:** (Check all that apply to you)

- SNAP (food stamps) Monthly Amount: \_\_\_\_\_  
 WIC (Women, Infants, Children)  
 CCS (Child Care Services)

**Employment History:**

Are you employed?  Yes  No

1. If yes, Current Employment: \_\_\_\_\_  
Location: \_\_\_\_\_ Shift: \_\_\_\_\_

Full Time (>35 hrs/wk)     Part Time     Permanent     Temporary

2. Your Current Workplace pays you:  Weekly     Bi Weekly     Monthly

3. Current rate of pay: \_\_\_\_\_

If unemployed, where did you submit applications last week? \_\_\_\_\_

4. Previous Employment:

A. Company Name \_\_\_\_\_

Starting Date \_\_\_\_\_ End Date \_\_\_\_\_ Average number of hours worked each week \_\_\_\_\_

B. Company Name \_\_\_\_\_

Starting Date \_\_\_\_\_ End Date \_\_\_\_\_ Average number of hours worked each week \_\_\_\_\_

**Banking Information:**

Bank account:  Yes  No

If yes, (check all that apply):

- Checking     Debit card  
 Savings     Credit card

Name of bank: \_\_\_\_\_

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**Legal Situation:**

Have you been **arrested** in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

**Where did offense occur?**

**When?**

**Nature of offense:**

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

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

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

**Medical Information:**

Health Insurance: (Check all that apply to you)

- None
- Private Insurance
- Adult Medicaid
- Good Health Card

**Past and Current Medical Problems:**

1. List your current medications: \_\_\_\_\_
2. Have you ever been diagnosed with a mental illness?  Yes  No
3. If yes, when? \_\_\_\_\_ Diagnosis: \_\_\_\_\_
4. Have you ever been a client at MHMR ?  Yes  No When? \_\_\_\_\_
5. Have you been admitted to DePaul or Austin State Hospital?  Yes  No
6. If Yes, when were you admitted? \_\_\_\_\_

**Substance Abuse/Treatment**

1. When was the last time you used drugs or alcohol? \_\_\_\_\_  
What was it? \_\_\_\_\_
2. Have you ever been admitted to or completed a drug/alcohol treatment program?  Yes  No  
When? \_\_\_\_\_ Where? \_\_\_\_\_ How long? \_\_\_\_\_

**Emergency Contact Name:**

Relationship: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Next of Kin Name:**

Relationship: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Do you have children moving in with you?**

Yes  No

**If yes, complete the following section:**

**Non Cash Benefits:** (Check all that apply to your children)

- None
- WIC (Women, Infants, Children)
- CCS (Child Care Services)
- Medicaid/CHIP (Children's Health Insurance)
- Private Insurance

Have you ever had a CPS case?  Yes  No If Yes, when? \_\_\_\_\_

Is the case currently open at this time?  Yes  No

If yes, name and phone number of case worker: \_\_\_\_\_

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### Children that are moving in with you:

1. Full name: \_\_\_\_\_

Female     Male

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

### Race:

- American Indian/Alaskan Native
- Asian
- Black/African American
- Hawaiian/ Other Pacific Islander
- White

Any medical problems?     Yes     No

If yes, describe: \_\_\_\_\_

Medications: \_\_\_\_\_

School/ Day Care: \_\_\_\_\_ Phone number: \_\_\_\_\_

Last school attended: \_\_\_\_\_ Grade: \_\_\_\_\_

Any special educational needs: \_\_\_\_\_

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2. Full name: \_\_\_\_\_

Female     Male

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

### Race:

- American Indian/Alaskan Native
- Asian
- Black/African American
- Hawaiian/ Other Pacific Islander
- White

Any medical problems?     Yes     No

If yes, describe: \_\_\_\_\_

Medications: \_\_\_\_\_

School/ Day Care: \_\_\_\_\_ Phone number: \_\_\_\_\_

Last school attended: \_\_\_\_\_ Grade: \_\_\_\_\_

Any special educational needs: \_\_\_\_\_

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3. Full name: \_\_\_\_\_

Female     Male

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

### Race:

- American Indian/Alaskan Native
- Asian
- Black/African American
- Hawaiian/ Other Pacific Islander
- White

Any medical problems?     Yes     No

If yes, describe: \_\_\_\_\_

Medications: \_\_\_\_\_

School/ Day Care: \_\_\_\_\_ Phone number: \_\_\_\_\_

Last school attended: \_\_\_\_\_ Grade: \_\_\_\_\_

Any special educational needs: \_\_\_\_\_

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# Compassion Ministries

## Application Intake

4. Full name: \_\_\_\_\_

Female     Male

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Any medical problems?     Yes     No

If yes, describe: \_\_\_\_\_

Medications: \_\_\_\_\_

School/ Day Care: \_\_\_\_\_ Phone number: \_\_\_\_\_

Last school attended: \_\_\_\_\_ Grade: \_\_\_\_\_

Any special educational needs: \_\_\_\_\_

### Race:

American Indian/Alaskan Native

Asian

Black/African American

Hawaiian/ Other Pacific Islander

White

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### (Office use only)

Interviewer: \_\_\_\_\_

Staff Comments:

#### **Literally Homeless**

- Living in a place not meant for human habitation
- Living in a public or private shelter (incl. motels paid for by charitable organizations)
- Exiting an institution (90 days or less) and resided in shelter or place not for human habitation prior

#### **Imminent Risk of Homelessness**

- Formal eviction
- Family/friend eviction
- Exiting an institution where they resided more than 90 days
- Living in motel, paid by individuals