

Case # \_\_\_\_\_

**HOMELESS ADVOCACY PROJECT**

42 South 15th Street, 4th Floor • Philadelphia, PA 19102 • (215) 523-9595 (phone) • (215) 981-3866 (fax)

**CLIENT INTAKE FORM - CONFIDENTIAL**

Location of Interview: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ HAP Supervising Attorney: \_\_\_\_\_

**BACKGROUND INFORMATION**

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ E-mail \_\_\_\_\_

Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_ Race: \_\_\_\_\_ U.S. Citizen  Non-Citizen  Veteran

Residential Address: \_\_\_\_\_  
(Street Address) (Apt./Room/Bed #) (ZIP)

Mailing Address: \_\_\_\_\_  
(If different) (Organization) (Street Address/PO Box #) (ZIP)

Alternate Contact: \_\_\_\_\_  
(Name) (Relationship) (Street Address) (ZIP) (Phone)

Case Manager: \_\_\_\_\_  
(Name) (Organization) (Street Address) (ZIP) (Phone)

Monthly Household Income: Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Assets/Value: \_\_\_\_\_  
Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Number of Children: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_

**CASE TYPE** (To be completed by HAP Supervising Attorney):  General  CFP  Veterans  SOAR  SAP

**ISSUES** (To be completed by HAP Supervising Attorney):

<b>INCOME MAINTENANCE</b> <input type="checkbox"/> TANF <input type="checkbox"/> General Assistance <input type="checkbox"/> SSI/SSDI <input type="checkbox"/> SSI - Child <input type="checkbox"/> Food Stamps <input type="checkbox"/> Medical Assistance <input type="checkbox"/> Unemployment Comp. <input type="checkbox"/> Veterans Compensation <input type="checkbox"/> Veterans Pension <input type="checkbox"/> Discharge Upgrade <input type="checkbox"/> Other Benefits <input type="checkbox"/> Other Benefits - Child	<b>EMPLOYMENT</b> <input type="checkbox"/> Denial/Termination <input type="checkbox"/> Wages/Benefits <input type="checkbox"/> Other _____  <b>FAMILY</b> <input type="checkbox"/> Child Custody <input type="checkbox"/> Child Support <input type="checkbox"/> Dependency/TPR <input type="checkbox"/> Divorce <input type="checkbox"/> Other _____	<b>HOUSING</b> <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Supportive Housing <input type="checkbox"/> Landlord/Tenant <input type="checkbox"/> Real Estate <input type="checkbox"/> Section 8/PHA <input type="checkbox"/> Housing Information <input type="checkbox"/> Other _____  <b>RECORDS</b> <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Amend Birth Certificate <input type="checkbox"/> VA Record <input type="checkbox"/> Other Records	<b>ESTATES/TRUSTS</b> <input type="checkbox"/> Estate Administration <input type="checkbox"/> Will/Advance Directive/POA <input type="checkbox"/> Tangled Title  <b>MISCELLANEOUS</b> <input type="checkbox"/> Criminal <input type="checkbox"/> Drivers License <input type="checkbox"/> Small Claims <input type="checkbox"/> Name Change <input type="checkbox"/> Housing Committee <input type="checkbox"/> Other _____
<b>CREDIT/CONSUMER</b> <input type="checkbox"/> Credit Report Request <input type="checkbox"/> Tax <input type="checkbox"/> Utilities <input type="checkbox"/> Student Loan <input type="checkbox"/> Consumer Debt <input type="checkbox"/> Identity Theft <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Other _____	<b>HEALTH CARE</b> <input type="checkbox"/> Access to Med./Psych. Services - Adult <input type="checkbox"/> Access to Med./Psych. Services - Child	<b>EDUCATION</b> <input type="checkbox"/> Special Education <input type="checkbox"/> General Education <input type="checkbox"/> Homeless Issues <input type="checkbox"/> Other _____	

**BRIEF STATEMENT OF THE PROBLEM:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VOLUNTEER INFORMATION**

Volunteer #1: Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Phone \_\_\_\_\_  
Volunteer #2: Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Phone \_\_\_\_\_