



Case Record Form

Vincentian Conference Assistance

Case Worker: _____

Date: _____

Head of Household Information

(First)	(Middle)	(Last)	(Maiden)	Date of Birth	Gender	Race	(Optional) Highest Grade: SSN: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Veteran: <input type="checkbox"/>
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Unmarried Couple <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Separated <input type="checkbox"/> Deserted <input type="checkbox"/> Unknown							
(Street Address)		(Unit #)	(City)	(State)	(Zip)	(County)	(How Long Here)
(Home Phone)		(Cell)	(Work Phone)		Email Address		Church

Additional Household Member Information

Name	Relationship	Date of Birth	Gender	Race	Other (optional)	
					SSN: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Veteran Last Grade: _____	
					SSN: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Veteran Last Grade: _____	
					SSN: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Veteran Last Grade: _____	
					SSN: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Veteran Last Grade: _____	
					SSN: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Veteran Last Grade: _____	
Total Number in Household: _____		Household Member Notes: _____				

Assistance Efforts

Current Aid Being Received <input type="checkbox"/> Veteran Benefits <input type="checkbox"/> Medicaid <input type="checkbox"/> Food Stamps/SNAP <input type="checkbox"/> WIC <input type="checkbox"/> Disability/SSI/SSDI <input type="checkbox"/> Section 8 <input type="checkbox"/> Social Security <input type="checkbox"/> Medicare	Agencies client has applied to within the last 12 months <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Agency</th> <th style="width: 30%;">Purpose of Request</th> <th style="width: 20%;">Amount Given</th> <th style="width: 20%;">Date</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Agency	Purpose of Request	Amount Given	Date	_____	_____	_____	_____	_____	_____	_____	_____
Agency	Purpose of Request	Amount Given	Date										
_____	_____	_____	_____										
_____	_____	_____	_____										

Intake Request Details

Request Date:	Request Type:	Details:
Request Date:	Request Type:	Details:
Request Date:	Request Type:	Details:

Race/Ethnicity Key A - Asian | B/AA - Black/African American | C - White/Caucasian | H/L - Hispanic/Latino
 AI - Alaskan/Native American Indian | PI - Native Hawaiian/Pacific Islander | O - Mixed/Other

Financial Information

(Employment)	(Status)	(Current Employer)	(How Long)	(Employment Plan)
Current				
Past				

Financial Worksheet

(Past)	(Income Type)	(Amount)	(Expenses)	(Amount)	(Outstanding)	(SVdP Help)
<input type="checkbox"/>	Employment (Self)	\$	Rent/Mortgage	\$	\$	\$
<input type="checkbox"/>	Employment (Resident)	\$	Electricity	\$	\$	\$
<input type="checkbox"/>	Unemployment	\$	Water/Sewer/Trash	\$	\$	\$
<input type="checkbox"/>	Retirement/Pension	\$	Natural Gas/Propane	\$	\$	\$
<input type="checkbox"/>	Social Security	\$	Telephone	\$	\$	\$
<input type="checkbox"/>	Alimony	\$	Cable/Satellite/Internet	\$	\$	\$
<input type="checkbox"/>	Child Support	\$	Other Utilities	\$	\$	\$
<input type="checkbox"/>	Foodstamps / SNAP	\$	Food	\$	\$	\$
<input type="checkbox"/>	Disability	\$	Alimony	\$	\$	\$
<input type="checkbox"/>	SSI / SSD	\$	Child Care	\$	\$	\$
<input type="checkbox"/>	Workers' Compensation	\$	Child Support	\$	\$	\$
<input type="checkbox"/>	Veteran Benefits	\$	Transportation/Car Payments	\$	\$	\$
<input type="checkbox"/>	Section 8	\$	Insurance (Auto, Health, etc)	\$	\$	\$
<input type="checkbox"/>	State Welfare	\$	Loans/Credit Card	\$	\$	\$
<input type="checkbox"/>	TANF (AFDC)	\$	Prescription/Medical	\$	\$	\$
<input type="checkbox"/>	Other	\$	Clothing	\$	\$	\$
		\$	Savings	\$	\$	\$
		\$	Entertainment	\$	\$	\$
<input type="checkbox"/>	HUD / Assisted Living	N/A	Other	\$	\$	\$
<input type="checkbox"/>	Medicaid	N/A		\$	\$	\$
	TOTAL	\$	TOTAL	\$	\$	\$

Situation at Hand

Underlying Causes	Request Context
<p>Underlying Causes (mark all that apply)</p> <input type="checkbox"/> Addiction <input type="checkbox"/> Child Abandonment <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Immigration Status <input type="checkbox"/> Lack of Affordable Housing <input type="checkbox"/> Lack of Budgeting Knowledge <input type="checkbox"/> Lack of Education <input type="checkbox"/> Lack of Family Support <input type="checkbox"/> Lack of Knowledge of Resources <input type="checkbox"/> Low Wages <input type="checkbox"/> Lack of Public Transportation <input type="checkbox"/> Limited Job Opportunities <input type="checkbox"/> Low Federal Benefits <input type="checkbox"/> Lack of Post-Prison Support <input type="checkbox"/> Poor Health/Medical Needs <input type="checkbox"/> Single Parent Family <input type="checkbox"/> Slow SSI Approval <input type="checkbox"/> Unfair Lending Practices	<input type="checkbox"/> No Job ___Looking for work ___New Job lined up ___Awaiting Unemployment ___Unable to Work <input type="checkbox"/> Health Issue ___Illness ___Maternity ___Work Related Injury ___Other <input type="checkbox"/> Benefits Due Details: <input type="checkbox"/> Emergency Details: <input type="checkbox"/> Other Details: Notes:(incl conditions agreed in order to recommend assistance)

Release

Authorization For Release of Confidential Information: In consideration of the services to be undertaken or rendered on my behalf by the Society of St. Vincent de Paul, its members, agents or affiliated organizations (hereinafter referred to as "SVdP", I, the undersigned _____, hereby authorize SVdP to receive, from any and all sources, and to release to any person or organization, any confidential information regarding me which may be necessary or useful to SVdP in relation to the services to be rendered. I hereby release SVdP from all liability in any way related to the receipt and/or release of said confidential information. I further understand that the release of this information does not guarantee that assistance will be provided, but that without such information my case cannot be presented to the Conference/Council for consideration.

____ (initial) I give this SVDP conference permission to contact me for future update.

____ (initial) I would be willing to share my story of how this SVDP conference helped me.

"Undersigned" Signature: _____ Date: _____

In-Kind Assistance Details

Type	Value	Details
	\$	
	\$	

Direct Assistance Requests (Check/Pledge)

Asst Type	C/P	Amount	Customer Name	Acct #	Vendor	Vendor Mailing Address

Post Visit Details

Status	Check #	Amount	Transaction Date	Delivery Date	Delivered To
		\$			
		\$			
		\$			
		\$			

Assistance Categories Delivered

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Assistance/Aid | <input type="checkbox"/> Burials/Funerals | <input type="checkbox"/> Clothing/Household Items | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Education/Day Care | <input type="checkbox"/> EFSP | <input type="checkbox"/> Food/Groceries | <input type="checkbox"/> Holiday Programs |
| <input type="checkbox"/> Housing/Storage | <input type="checkbox"/> Legal Fees | <input type="checkbox"/> Medical/Counseling | <input type="checkbox"/> Miscellaneous |
| <input type="checkbox"/> Professional Service | <input type="checkbox"/> Recreation | <input type="checkbox"/> Temporary Lodging | <input type="checkbox"/> Transportation |

Casework Notes