



# SOCIETY OF ST. VINCENT DE PAUL NEIGHBOR CASE RECORD FORM

Vincentian 1

Vincentian 2

## General

\*First Name

\*Last Name

MI

Maiden Name

Birth Date

\*Address Line 1

Address Line 2

City

State

Postal Code

How long here?

Primary Phone

Secondary Phone

Email

Last Four of SS

License/ID Number

Gender

**Ethnicity**

- ☐ Asian  
☐ Black/African America  
☐ Caucasian/White  
☐ Hispanic/Latino  
☐ Native American  
☐ Mixed

**Marital Status**

- ☐ Single  
☐ Couple/Partner  
☐ Married  
☐ Separated  
☐ Divorced  
☐ Widow/er

**Situation**

- ☐ Homeless  
☐ Disabled  
☐ Veteran  
☐ Working  
☐ Unemployed  
☐ Pregnant

Language

Religion

☐ Parishioner

Education

## Household Members

Name	Relationship	Date of Birth	Gender	Race	SSN	Situation
	<input type="checkbox"/> Partner <input type="checkbox"/> Child		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Disabled
	<input type="checkbox"/> Partner <input type="checkbox"/> Child		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Disabled
	<input type="checkbox"/> Partner <input type="checkbox"/> Child		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Disabled
	<input type="checkbox"/> Partner <input type="checkbox"/> Child		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Disabled
	<input type="checkbox"/> Partner <input type="checkbox"/> Child		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Disabled
	<input type="checkbox"/> Partner <input type="checkbox"/> Child		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Disabled

## Request Details

### Homevisit Summary

Have you worked with SVDP Before?

☐ No ☐ Yes

### Request Files

- ☐ Photo of License  
☐ Photo/Copy of Lease / Bill  
☐ Contact for Landlord / Utility  
☐ Account Number for Utility

### NEEDS HELP WITH

- ☐ Rent  
☐ Temp Lodging  
☐ Mortgage  
☐ Heat  
☐ Utilities  
☐ Food  
☐ Toiletries  
☐ Storage
- ☐ Furniture  
☐ Toiletries  
☐ Other

Request Type

Request Amount

☐ Past Due?

### Bill / Landord Details

## Income/Expenses

Employer

Emp. Length (Yrs)

\$

Employer

Emp. Length (Yrs)

\$

- ☐ Looking for work
- ☐ New job lined up
- ☐ Awaiting Unemployment
- ☐ Unable to Work
- ☐ Illness
- ☐ Maternity
- ☐ Injury
- ☐ Other: \_\_\_\_\_

### Income

### Amount

<input type="checkbox"/> Employment	\$
<input type="checkbox"/> Food Stamps	\$
<input type="checkbox"/> Disability	\$
<input type="checkbox"/> Medicaid (low income)	\$
<input type="checkbox"/> Social Security	\$
<input type="checkbox"/> Medicare (65+/disabled)	\$
<input type="checkbox"/> Unemployment	\$
<input type="checkbox"/> Temporary Disability	\$
<input type="checkbox"/> RI Works	\$
<input type="checkbox"/> Section 8	\$
<input type="checkbox"/> Child Support	\$
<input type="checkbox"/> Worker's Comp	\$
<input type="checkbox"/> Veteran Benefits	\$
<input type="checkbox"/> TANF	\$
<input type="checkbox"/>	\$
<input type="checkbox"/>	\$

### Expense

### Amount

<input type="checkbox"/> Rent/Mortgage	\$	
<input type="checkbox"/> Electricity	\$	
<input type="checkbox"/> Water/Sewer/Trash	\$	
<input type="checkbox"/> Gas/Propane	\$	
<input type="checkbox"/> Telephone	\$	
<input type="checkbox"/> Cable/Internet	\$	
<input type="checkbox"/> Food	\$	
<input type="checkbox"/> Alimony	\$	
<input type="checkbox"/> Childcare	\$	
<input type="checkbox"/> Transportation/Car	\$	
<input type="checkbox"/> Car Gas	\$	
<input type="checkbox"/> Car Insurance	\$	
<input type="checkbox"/> Health Insurance	\$	
<input type="checkbox"/> Loans/Credit Card	\$	
<input type="checkbox"/>	\$	
<input type="checkbox"/>	\$	

## 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.

#### PLEASE CIRCLE

**Yes or No** I give this SVdP conference permission to contact me for future updates.

**Yes or No** I would be willing to share my story of how SVdP conference helped me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Next Steps

### REFERRING TO / WORKING WITH OTHER AGENCIES

☐ \_\_\_\_\_☐ \_\_\_\_\_☐ \_\_\_\_\_☐ \_\_\_\_\_☐ \_\_\_\_\_