

ST. VINCENT DE PAUL – Laconia Intake

Advocacy Team _____ Date _____

Last Name: _____ First Name: _____ Veteran ? _____

Last Name: _____ First Name: _____ Veteran ? _____

Phone # _____ Current Address _____ How Long ? _____

Town: _____ Zip: _____ Landlord: _____ Phone # _____

Adults		Age	Source of income	
Children (include Last Name)			Schools, Day Care Providers	
Monthly income	\$	Comments	Monthly expenses	\$
wages, salary (net take home)			Rent/Mortgage (net of subsidy)	
FANF (formerly TANF)			Utilities: Electric	
Unemployment			Utilities: Heat	
Soc. Security, SSI, Pension			Medical (out of pocket)	
Child Support			Loan Payments, Furniture Rental	
Disability (SSDI, APTD)			Car Insurance, gas, TOTAL	
Educational Grants			Telephone or cellphone	
workman's Comp			Cable, Internet, streaming service (ie netflix)	
COMMENTS			Laundromat	
			Child care, Child support	
			Other (cigarettes, alcohol, vape, Medical Marijuana)	
			Food (incl. food stamps) utilize food pantry?	
TOTALS			TOTALS	
ASSETS		DEBTS		
Auto (Yr., Make, Condition)		Car loan		
House		Credit cards		
Tax Return		Taxes owed		

OTHER COMMUNITY RESOURCES UTILIZED

State/Federal	
Town/City	
Private/Church/Pantries	

CLIENT CERTIFICATION Client certifies to the best of their knowledge that the above information is accurate, authorizes the SVDP Society and its members to make inquiries and to share household, financial and other information about me and my family with public agencies and private organizations to determine eligibility for SVDP financial assistance and to verify receiving assistance from these organizations.

Client authorization

SVDP CASE HISTORY

TYPE OF ASSISTANCE

COMMUNITY RESOURCE AGENCY

DOCUMENTATION CONFIRMATION NEEDED

FOLLOW UP PLAN FOR FUTURE

SUSTAINABILITY