

Disability Connection Community Assist Intake Form

(One Project Per Form)

Application Date: _____

First: _____ Last: _____

DOB: _____

Address: _____ Apt/Ste: _____

City: _____ Zip _____

County: _____ Own: _____ Rent: _____

Phone: _____ Cell: _____

Email: _____

Circle: Single Widow Divorced Veteran Married Separated

Employed: YES or NO

Monthly Household Income (All household members) \$ _____

Receiving (please circle what client or a client's dependent is currently receiving):

**EBT, TANF, WIC, Disability, Social Security, SSI, VA Disability, Medicare, Medicaid,
Unemployment, Section 8, Head Start, CHIP, LIHEAP, Financial Counseling**

of Household Members: _____ # of Dependents: _____

Name: _____, Age: _____, Disability: Yes No, Dependent: Yes No

Name: _____, Age: _____, Disability: Yes No, Dependent: Yes No

Name: _____, Age: _____, Disability: Yes No, Dependent: Yes No

Name: _____, Age: _____, Disability: Yes No, Dependent: Yes No

Referred From:

Reference Contact:

Name: _____ Phone Number: _____

Assistance Needed :

Do you have family or friends to assist the project? _____

Can you supply any supplies or funds to purchase supplies for this project?

What Talent or Time do you have that you could “Pay Forward” to help someone else in need?

INTERNAL REPORT: PLANNING WORKSHEET

Project Coordinator: _____ **Project Date:** _____

Name of Client: _____

Project: _____

Materials Needed to Provide Assistance:

Estimated Cost to Assist:

Agencies to request assistance or extra Volunteers needed:

+++++ **FINAL REPORT** +++++

Final Cost to Disability Connection: _____

Materials Donated & By Whom: (add page for additional items)

Item: _____ **Thank You Sent:** _____

Item: _____ **Thank You Sent:** _____

Volunteers Assisting: (add page for additional volunteers)

Name: _____ **Est. Hrs:** _____ **Thank You Sent:** _____

Name: _____ **Est. Hrs:** _____ **Thank You Sent:** _____

NOTES:
