

Meeting Date: 08/20/09

At Home Group Intake Form

Last Name: _____

Name: _____ Nick Name: _____ Staff Initials: KO

Contacts: Best ways to contact you: Home phone: _____ Cell: _____ Work: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Dear Applicant:
Thank you for applying to At Home Group. We hope that our assistance will help you meet your employment goals. The questions below are optional but are beneficial in helping us provide you with the services needed to succeed.

If you are funded, we will also contact you at 3 month, 6 month, 1 year and 3 year intervals to learn the long term affects of our support. Our donors are always anxious to hear how their generosity has helped so please take a few minutes to answer our questions. Answering our questions now or when we call will help us secure funds for others also. You can help us change lives. Thank you.
At Home Group Board of Directors

Referral: How did you hear about At Home Group? _____

Resources: Other ways you have tried: _____

Assistance: Please describe how we can help and how our help could change your work situation.

Item needed: _____ **Approximate cost:** \$ _____

Background: Current Living Situation: _____

Yrs in MN? _____ How did you come to move to MN? _____

Other states/countries of residence? _____

Please describe how you became unemployed, if applicable?

Housing: Describe what caused your homeless situation or need for subsidized housing. Detail the main events that led to it.

Resume provided [check here ___ and attach] or list education and work information below:

Education - Highest level: _____

Employment – Past to Present: _____

Check the issues that apply to you. Describe the situation and how you are dealing with the issue:

___ Chemical Abuse ___ Legal Circumstances ___ Mental Health ___ Medications ___ Health Insurance

Family: Number of Children _____ [# dependent _____] Single _____ Divorced _____ Married _____

Spouse Name: _____ Contact info if appropriate: _____

Income: GA _____ SSI _____ MSA _____ Food Stamps _____ Other _____

Support Networks (family/friends/coworkers): _____

Transportation: Bus _____ Car _____ Other _____

Personal Strengths/Coping Strategies that you feel will be beneficial for you in this endeavor: _____

Your goals related to this profession: _____

What else would you like to know from us that would be beneficial: _____

If you would like to write a “thank you” to the donor(s) who will make this possible, please add it below:

Contacts and Contact Attempts

[For Office Use only]

List Dates/Circumstances of Attempts (phone? email?)

_____	_____
_____	_____
_____	_____