



DOING THE MOST GOOD

Emergency Assistance Intake Form

County: Beckham / Custer / Roger Mills / Washita

Information gathered in this application is used for grant request purposes. They do not determine services rendered.

Are you willing to share your story for grant request or media? Yes No

Are you currently a volunteer for the Salvation Army? Yes No

Are you or a family member of an employee of the Salvation Army? Yes No

LAST name: FIRST name:

Last 4 of Social Security Number: AGE: SEX:

ADDRESS:

CITY: ZIP: PHONE #

Circle One

RACE: AA:AFRICIAN AMERICAN A: ASIAN H: HISPANIC MR: MULTI-RACIAL NA: Native American W: White

FAMILY STATUS: MARRIED SEPARATED SINGLE WIDOWED

LEVEL OF EDUCATION: GED High School DIPLOMA OTHER:

PLACE OF EMPLOYMENT HOW LONG:

BELOW LIST ALL OTHERS IN HOUSEHOLD:

RELATION EXAMPLES: Child Parent Spouse: Partner Other

FIRST name: LAST name: RELATION:

AGE RACE OCCUPATION:

FIRST name: LAST name: RELATION:

AGE RACE OCCUPATION:

FIRST name: LAST name: RELATION:

AGE RACE OCCUPATION:

FIRST name: LAST name: RELATION:

AGE RACE OCCUPATION:

FIRST name: LAST name: RELATION:

AGE RACE OCCUPATION:

CONSENT AND RELEASE: I HEREBY AUTHORIZE THE SALVATION ARMY, A GEORGIA CORPORATION, TO SHARE ANY OF MY INFORMATION IN ITS POSSESSION, INCLUDING BUT NOT LIMITED TO MY NAME, ADDRESS, HEALTH INFORMATION, AND OTHER PERSONAL INFORMATION AND THE TYPE OF ASSISTANCE I AM RECEIVING WITH OTHER HUMAN SERVICE AND VOLUNTARY ORGANIZATIONS PARTICIPATING IN CLIENT MANAGEMENT AND/OR HOMELESS MANAGEMENT INFORMATION SYSTEMS IN ORDER TO COORDINATE AVAILABLE RELIEF SERVICES AND ASSISTANCE. I ACKNOWLEDGE THAT I HAVE BEEN PROVIDED A LIST OF ALL ORGANIZATIONS THIS MAY INCLUDE AND THAT IF I WISH TO LIMIT THE RELEASE OF SPECIFIC INFORMATION, I HAVE SPECIFIED AS MUCH. I UNDERSTAND THAT I MAY REVOKE THIS CONSENT AT ANY TIME BY CONTACTING THE LOCAL SALVATION ARMY EXCEPT WHEN ACTION HAS ALREADY BEEN TAKEN TO OBTAIN AND/OR RELEASE SUCH INFORMATION TO ORGANIZATIONS. MY SIGNATURE ON THIS RELEASE INDICATES THAT I HAVE READ THE ABOVE, OR HAD IT READ TO ME, AND I UNDERSTAND THE TERMS AND CONDITIONS. I HAVE ALSO HAD THE OPPORTUNITY TO ASK ANY QUESTIONS. I AM ALSO SIGNING THIS RELEASE ON BEHALF OF MY CHILDREN THAT ARE UNDER THE AGE OF EIGHTEEN (18).

APPLICANT SIGNATURE DATE

CO-APPLICANT SIGNATURE DATE



CLIENT CONSENT TO RELEASE OF PROTECTED HEALTH AND CONFIDENTIAL INFORMATION

The Salvation Army is committed to safeguarding your confidential information and will only disclose your information with written consent and solely for the purpose specified in the consent and release with the exception of certain limited circumstances. Therefore, your written consent is needed to share information and assist you with obtaining the services in the most expeditious and least cumbersome manner. You will receive the Salvation Army Notice of privacy Practices prior to signing this consent.

CONSENT AND RELEASE

I, _____, hereby authorize The Salvation Army to disclose the following information (specify the kind and amount of information):

Utility account information and history

To (name or title of the person or organization to which disclosure is to be made):

For (specific purpose of the disclosure):

Utility Assistance

This consent expires (specific date, event, or condition of expiration):

Upon completion of case management

I understand that by signing and returning this form, The Salvation Army is authorized to share the protected health or confidential information with the person or organization for the purpose as specified. The Salvation Army needs to share this information in order to coordinate available services and/or assistance. I acknowledge that I have been provided The Salvation Army Notice of Privacy Practices and, upon request, a list of all organizations that may have access to my information. I have been informed that if I wish to limit or refuse the release of information, I have had the opportunity to do so.

I understand that I may revoke this consent at any time by contacting The Salvation Army except when action has already been taken to obtain and/or release such information to organizations participating in my case management. my signature on this release indicates that I have read the above, or had it read to me, and I understand the terms and conditions. I have also had the opportunity to ask any questions.

SIGNATURE OF CLIENT OR AUTHORIZED REPRESENTATIVE

DATE

SIGNATURE OF THE SALVATION ARMY STAFF

DATE

NOTICE TO ACCOMPANY DISCLOSURE: Each disclosure containing confidential information subject to 42 CFR Part 2 and made with the client's written consent must be accompanied by the following written statement:
This information has been disclosed to you from records protected by the federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any client with a substance use disorder, except as provided at 2.12(c)(5) and 2.65.

MONTHLY income and expense section to be completed by case manager/caseworker

INCOME		EXPENSES		OTHER EXPENSES	
CHILD SUPPORT		CABLE-INTERNET		RENT	
FOOD STAMPS		CAR INSURANCE		UTILITIES:	
SALARY-NET		CAR PAYMENT		ELECTRIC	
SSI-SSD		CHILD CARE		GAS	
TANF		CHILD SUPPORT		WATER	
VA		FOOD/HYGIENE		OTHER EXPENSES	
UNEMPLOYMENT		FURNITURE			
OTHER		MEDICAL			
		PHONE			
TOTAL INCOME				TOTAL EXPENSES	

VENDOR: _____ CONTACT: _____ DATE CALLED: _____
 ACCOUNT #: _____ AMOUNT APPROVED: _____ FUNDING USED: _____

VENDOR: _____ CONTACT: _____ DATE CALLED: _____
 ACCOUNT #: _____ AMOUNT APPROVED: _____ FUNDING USED: _____

VENDOR: _____ CONTACT: _____ DATE CALLED: _____
 ACCOUNT #: _____ AMOUNT APPROVED: _____ FUNDING USED: _____

VENDOR: _____ CONTACT: _____ DATE CALLED: _____
 ACCOUNT #: _____ AMOUNT APPROVED: _____ FUNDING USED: _____

CASE NOTES:

CASE MANAGERS SIGNATURE: _____ DATE: _____