



# INTAKE FORM

**Important Note: Clients DO NOT complete this form. They must fill out a program intake form.**

**DATE:** \_\_\_\_\_

## CONTACT INFORMATION:

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Sexual Orientation: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Identify as: \_\_\_\_\_

Current Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## RACE/ETHNICITY:

\_\_\_\_\_ Caucasian \_\_\_\_\_ American Indian \_\_\_\_\_ Hispanic \_\_\_\_\_ African American

Other: \_\_\_\_\_

## TRIBE ENROLLED (IF APPLICABLE): You do not need to be a tribal member to obtain services.

\_\_\_\_\_ Standing Rock Sioux \_\_\_\_\_ Turtle Mountain Band of Chippewa \_\_\_\_\_ Spirit Lake Sioux

\_\_\_\_\_ MHA Nation \_\_\_\_\_ Sisseton-Wahpeton Oyate Other: \_\_\_\_\_

## EMERGENCY SAFETY:

**Are you in a crisis that affects your personal safety?** Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes: Please check: \_\_\_\_\_ Unsafe for self \_\_\_\_\_ Unsafe for children \_\_\_\_\_ Trafficking

\_\_\_\_\_ Suicide Tendencies \_\_\_\_\_ COVID-19

## HOUSING SITUATION:

**Are you in a crisis housing situation meaning you are without shelter and/or that will leave you homeless today or tomorrow?** Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes: Please check: \_\_\_\_\_ Eviction Notice/Past Due Rent \_\_\_\_\_ Homeless (On Street/In Car)

## ECONOMIC SITUATION SECTION:

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Employer Name: \_\_\_\_\_

If no, please explain: \_\_\_\_\_

Other sources of income you may have? \_\_\_\_\_ Unemployment \_\_\_\_\_ SSI \_\_\_\_\_ Tribal Royalties  
\_\_\_\_\_ Tribal Covid Payment Other: \_\_\_\_\_

Are you a Veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

**MEDICAL COVERAGE SECTION:**

Do you have Medicaid? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, would you like help signing up for Medicaid or Marketplace? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, do you have another type of medical coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Coverage Type: \_\_\_\_\_

**COMMUNITY SUPERVISION STATUS:**

Are you currently on probation or parole: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, checkmark: \_\_\_\_\_ supervised probation \_\_\_\_\_ state parole \_\_\_\_\_ federal parole

If yes, to state parole, are you enrolled in Free Through Recovery? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, would you like to enroll? Yes \_\_\_\_\_ No \_\_\_\_\_

**MENTAL HEALTH/ADDICTION PREVENTION:**

Would you like support to help prevent addiction and/or mental health concerns?

Yes \_\_\_\_\_ No \_\_\_\_\_ Are you enrolled in Community Connect? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, would you like to enroll? Yes \_\_\_\_\_ No \_\_\_\_\_

**NEEDS INTAKE—Applicant must check all that apply:**

**BASIC NEEDS:**

- |                         |                        |                           |
|-------------------------|------------------------|---------------------------|
| _____ Housing           | _____ Clothing/Hygiene | _____ Education Expenses  |
| _____ Food              | _____ Transportation   | _____ Employment Expenses |
| _____ Birth Certificate | _____ Utility          | _____ Cell Phone/Minutes  |
| _____ Employment        | _____ Bus Pass         |                           |
| _____ Mail              | _____ I.D.             |                           |
| _____ Health Insurance  | _____ Legal            |                           |

**RECOVERY AND/OR FAMILY NEEDS:**

- |                                |                        |
|--------------------------------|------------------------|
| _____ Tutoring for Child       | _____ Parenting        |
| _____ Traditional Spirituality | _____ Anger Management |
| _____ Culture & Language       | _____ Other: _____     |
| _____ Recovery                 |                        |
| _____ Advocacy Support         |                        |

**PROFESSIONAL NEEDS:**

- |   |                          |
|---|--------------------------|
| _____ Career Exploration & Preparation  | _____ Financial Services |
| _____ Business Start-up/Expansion       | _____ Other: _____       |
| _____ College Exploration & Preparation |                          |



**OFFICE USE ONLY:**

**EXTERNAL REFERRALS—CONDUCT UNITE US & ATTACH UNITE US DOCUMENTATION.**

**Important Note:** UNITE US must be completed and recorded anytime external referral(s) are needed.

**ASSESSMENT**  
**Intake Specialist Determines and Selects Program Referrals**

Please select all that apply. The referral(s) selected shall go directly to the assigned program representative.

<input type="checkbox"/> <b>Housing Program</b>	<input type="checkbox"/> <b>Free thru Recovery Program</b>
<input type="checkbox"/> <b>Community Connect Program</b>	<input type="checkbox"/> <b>1915i Program</b>

<input type="checkbox"/> <b>Great Plains Indians Youth &amp; Family Engagement Center</b>
<input type="checkbox"/> Afterschool Youth Programs <input type="checkbox"/> Juvenile Delinquency Prevention Program <input type="checkbox"/> Mentor Program <input type="checkbox"/> Parenting Program <input type="checkbox"/> Culture Programs <input type="checkbox"/> ND Indian Youth Leadership Academy

<input type="checkbox"/> <b>Native American Development Center</b>
<input type="checkbox"/> Credit Builder Loan <input type="checkbox"/> Business Loan <input type="checkbox"/> Financial Counseling <input type="checkbox"/> Credit Counseling <input type="checkbox"/> Housing Counseling <input type="checkbox"/> Homeownership Counseling <input type="checkbox"/> Business Plan Assistance

**REFERRAL NOTES:**

**SIGNATURES:**

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

Intake Specialist Full Name (Print): \_\_\_\_\_

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