

Zanesville Citizens' Housing Connection

Client Intake Form

Please complete the following questions that will enable the Zanesville Citizens Housing Connection (“ZCHC”) to help you reach your goals and provide appropriate referrals to other services that can assist with your needs. If you need help, a community outreach worker will assist you, but you remain responsible for providing accurate information to these questions. Name of ZCHC member:
Date of contact: How did the Neighbor contact you?

Contact & Personal Information

Name:		Date:	
Street Address:		City:	
Apt:	Zip Code:	County:	
Cell #:	May we contact you by text message? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home #:	Work #:
Alternative Phone #:		Email:	
Age:	DOB:	Gender Identity:	
Race:	Ethnicity:	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total # of people in household:		# of people in household under 18:	
Is anyone in the household pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are there any infants in HH ages 0-12 months old? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country of Origin:		Resident Status: <input type="checkbox"/> US Citizen Lawful <input type="checkbox"/> Resident Alien	

Returning Citizens Information

Have you been incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if no, please skip to the next section)</i>	Name of institution:	Release type:
Release date:	Name of Caseworker:	
Do you have family members or friends that you expect to continue helping you with reentry (yes/no)? What kinds of help do you expect to receive from family members? (describe below)		

Assistance You May Want (Check All That Apply)

Employment: <input type="checkbox"/> Finding employment <input type="checkbox"/> Resume Writing <input type="checkbox"/> Interviewing Skills <input type="checkbox"/> Other If other, please explain:
Medical: <input type="checkbox"/> Mental Health Referral <input type="checkbox"/> Substance Abuse Counseling <input type="checkbox"/> Residential Treatment <input type="checkbox"/> Other If other medical, please explain:
Housing <input type="checkbox"/> Emergency Rent Relief <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Repairs/Safety <input type="checkbox"/> Other If other housing, please explain:
Other: <input type="checkbox"/> State ID <input type="checkbox"/> Driver's License <input type="checkbox"/> Clothing <input type="checkbox"/> Personal Hygiene Items <input type="checkbox"/> Food <input type="checkbox"/> Other If other, please explain:

Income Information for All Adults in Household

Employer	Gross Income (before taxes)	Hours Per Week	Frequency (Weekly, Every Other Week, Two Times Per Month, Monthly)

Other Income Types	Doe Household Receive This?	Who Receives It	How Much Per Month
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Workers Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No		
TANF/Food Stamps	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Renter Housing Information

Length of stay in household:		Date Lease Ends:	
Monthly Rent: \$	Deposit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Deposit Amount: \$	
Housing Type: <input type="checkbox"/> Private Landlord <input type="checkbox"/> Low-Income Required <input type="checkbox"/> Section 8 <input type="checkbox"/> CMHA <input type="checkbox"/> CHN <input type="checkbox"/> NCR <input type="checkbox"/> CPO <input type="checkbox"/> Veteran			
Landlord Name:		Property Name:	
Landlord Phone #:		Landlord Email:	

Eviction Information

Case Number:		Date you Received Court Papers:	
Next Court Date:		Have you contacted Legal Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Council or Mediation Date:	Mediator Name:	Mediation Location:	
Have you Submitted Anything to the Court? What?			
Landlord Attorney Name:		Landlord Attorney Phone #:	
Landlord Attorney Email:			
Reason Landlord Claims for Eviction: <input type="checkbox"/> Late Rent <input type="checkbox"/> Other <input type="checkbox"/> Both Rent & Other <input type="checkbox"/> NA			
If other, please describe:			
Amount Landlord Claims is Owed : \$		Unpaid Utilities: \$	
Late Fees: \$	Court/Legal Fees: \$	Total Due: \$	
Are you still living on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, were keys returned? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is emergency rent needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tenant preferred solution proposed by tenant: <input type="checkbox"/> Pay and Stay <input type="checkbox"/> Move If so, by when			
From tenant's perspective, brief description of problem behaviors by landlord and their effects on tenant, as well as what tenant proposes to give and get to resolve the problems:			
Any indications by the landlord of: <input type="checkbox"/> Threats/Violent <input type="checkbox"/> Drug/Alcohol Abuse <input type="checkbox"/> Mental health Concerns			

If so, please explain here:																				
Prior attempts to resolve by the tenant:																				
<p>Contributing factors to eviction:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Job Loss</td> <td><input type="checkbox"/> Work Hours Reduced</td> <td><input type="checkbox"/> Low FT Wages</td> <td><input type="checkbox"/> Public Benefits Reduced</td> </tr> <tr> <td><input type="checkbox"/> Wage Income Reduced</td> <td><input type="checkbox"/> Medical Condition</td> <td><input type="checkbox"/> Mental Illness</td> <td><input type="checkbox"/> Transportation Problem</td> </tr> <tr> <td><input type="checkbox"/> Family Member Illness</td> <td colspan="2"><input type="checkbox"/> Debt/Budget/Credit Management Problems</td> <td><input type="checkbox"/> Child Care Problem</td> </tr> <tr> <td><input type="checkbox"/> COVID 19</td> <td colspan="3"></td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Other (describe)</td> </tr> </table>	<input type="checkbox"/> Job Loss	<input type="checkbox"/> Work Hours Reduced	<input type="checkbox"/> Low FT Wages	<input type="checkbox"/> Public Benefits Reduced	<input type="checkbox"/> Wage Income Reduced	<input type="checkbox"/> Medical Condition	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Transportation Problem	<input type="checkbox"/> Family Member Illness	<input type="checkbox"/> Debt/Budget/Credit Management Problems		<input type="checkbox"/> Child Care Problem	<input type="checkbox"/> COVID 19				<input type="checkbox"/> Other (describe)			
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Caseworker Conclusions

Is emergency assistant needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, has it been applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, with what organization? Contact person & phone number:
What is the application status? <input type="checkbox"/> Not yet complete <input type="checkbox"/> Application submitted, not yet approved <input type="checkbox"/> Approved <input type="checkbox"/> Rejected	
Payments to stay? (If future rent will be coming due, note how those payments will be addressed in the payment plan):	
Amount: \$	Date:
Amount: \$	Date:
Amount: \$	Date:
Amount: \$	Date:
Amount: \$	Date:
Amount: \$	Date:
Delivery process for payments?	
Will landlord accept PRC, FEMA, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	

Zanesville Citizens' Housing Connection

Disclosures & Authorizations to Share Information

I authorize Zanesville Citizens Housing Connection (“ZCHC”) and/or its staff to release, disclose, otherwise share, and/or receive, my personal information, including but not limited to any information provided in the Client Intake Form, to any person or entity it deems necessary for the purposes of evaluating my eligibility for and/or seeking the assistance for which I am asking.

I further authorize any landlord/property manager, lender, public housing authority, counseling agency, or social service agency to share my personal information with ZCHC for those same purposes. This includes but is not limited to any staff, representative, or attorney for my landlord: _____ (*landlord’s name*).

Personal information may also be released to program monitors and affiliated agencies including but not limited to federal, state, and local governments and nonprofit partners for purposes for program review, monitoring, follow up surveys, auditing, research, and other oversight functions. I further understand that affiliate agencies or authorities have the right to adjust services in response to information disclosed at the ZCHC meetings and assessments sessions.

I understand that future crimes or threats to commit crimes are not protected under this authorization. I understand that nothing contained herein prevents ZCHC from reporting a suspicion of child abuse or neglect.

I acknowledged I have received a copy of ZCHC’s conflict of interest policy and privacy policy.

I understand that no information will be discussed about me with entities not directly involved in my efforts to improve my housing or financial situation except as otherwise provided herein. **OPTIONAL OPT-OUT I do not give consent for ZCHC to share my information with the following organization: (enter any entities/individuals here):**

- _____
- _____
- _____

I may revoke consent to these disclosures at any time by notifying ZCHS in writing. Further, this agreement will expire one year from the date signed below.

I understand that all services ZCHC provides are voluntary and I am under no obligation to enroll in any program, participate in any service, or purchase any product. I understand that I may be referred to other services of the organization or another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.

I understand that ZCHC will not provide me any legal advice.

I agree to keep ZCHS informed of any changes to my contact information, income, or housing status or any other condition which may affect my eligibility for programs to which I have applied.

By signing below, I acknowledge that I have read and understand the above disclosures, that I am not an employee or immediate family member of an employee of ZCHC, and that all of the information provided in the Client Intake Form is true to the best of my knowledge.

Client Signature

Date

Client Signature

Date

ZCHC STAFF USE ONLY: Case Intake

Name of ZCHC member:	Date of contact:
How did the Neighbor contact you?	
Comments about their case, how it was handled, and if you feel we successfully assisted the Neighbor(s):	

ZCHC MEDIATOR USE ONLY: Case Outcomes

<p>Was client concern(s) addressed?</p> <p><input type="checkbox"/> Concerns Addressed (Conflicted averted No follow up required)</p> <p><input type="checkbox"/> Info & referral only provided (no settlement proposal possible at this time Follow up required)</p> <p><input type="checkbox"/> Non adversarial plan developed for client to self-implement (Follow up required)</p> <p><input type="checkbox"/> Non adversarial plan refused by initiator (No follow up required)</p> <p><input type="checkbox"/> Other</p>	<p>Explain:</p>
<p>Mediation Outcome: <input type="checkbox"/> No agreement reached</p> <p><input type="checkbox"/> Agreement reached <i>and</i></p> <p><input type="checkbox"/> Tenant will pay and stay</p> <p><input type="checkbox"/> Tenant will move</p> <p><input type="checkbox"/> Non eviction mediation</p> <p><input type="checkbox"/> Other: _____</p>	
<p>Eviction judgement outcome status after council mediation:</p> <p><input type="checkbox"/> Not filed <input type="checkbox"/> To be dismissed <input type="checkbox"/> Granted eviction to be later vacated <input type="checkbox"/> Eviction to remain granted</p>	
<p>Further action recommended:</p>	
<p>Additional volunteer notes (such as agencies recommended to contact, timeline, suggestions, etc.):</p>	
<p>Summary of services provided to this case (check all that apply):</p> <p><input type="checkbox"/> Intake/assessment <input type="checkbox"/> Coaching <input type="checkbox"/> Info and referral <input type="checkbox"/> Conciliation <input type="checkbox"/> Mediation</p>	