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? ☐Yes ☐No | Home #:  | Work #:  |
| Alternative Phone #:  | Email:  |
| Age:  | DOB:  | Gender Identity:  |
| Race:  | Ethnicity: | Veteran ☐Yes ☐No |
| Total # of people in household:  | # of people in household under 18:  |
| Is anyone in the household pregnant? ☐Yes ☒No | Are there any infants in HH ages 0-12 months old? ☐Yes ☐No  |
| Country of Origin:  | Resident Status: ☐ US Citizen Lawful ☐ Resident Alien |

# Returning Citizens Information

|  |  |  |
| --- | --- | --- |
| Have you been incarcerated? ☐Yes ☐No***(if no, please skip to the next section)*** | 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: ☐Finding employment ☐Resume Writing ☐Interviewing Skills ☐ OtherIf other, please explain:  |
| Medical: ☐Mental Health Referral ☐Substance Abuse Counseling ☐Residential Treatment ☐ OtherIf other medical, please explain:  |
| Housing ☐Emergency Rent Relief ☐Utility Assistance ☐Repairs/Safety ☐OtherIf other housing, please explain: |
| Other: ☐State ID ☐Driver’s License ☐Clothing ☐ Personal Hygiene Items ☐Food ☐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)** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
| **Other Income Types** | **Doe Household Receive This?**  | **Who Receives It** | **How Much Per Month** |
| Child Support | ☐Yes ☐No |  |  |
| Social Security | ☐Yes ☐No |  |  |
| Unemployment | ☐Yes ☐No |  |  |
| Workers Compensation | ☐Yes ☐No |  |  |
| Disability | ☐Yes ☐No |  |  |
| Alimony | ☐Yes ☐No |  |  |
| TANF/Food Stamps | ☐Yes ☐No |  |  |

# Renter Housing Information

|  |  |
| --- | --- |
| Length of stay in household:  | Date Lease Ends:  |
| Monthly Rent: $ | Deposit? ☐Yes ☐No | Deposit Amount: $ |
| Housing Type: ☐Private Landlord ☐Low-Income Required ☐Section 8 ☐CMHA ☐ CHN ☐NCR  ☐CPO ☐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? ☐Yes ☐ 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: ☐Late Rent ☐Other ☐ Both Rent & Other ☐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? ☐Yes ☐ No | If no, were keys returned? ☐Yes ☐ No | Is emergency rent needed? ☐Yes ☐ No |
| Tenant preferred solution proposed by tenant: ☐Pay and Stay ☐Move If so, by when  |
| From tenant’s perspective, bief 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: ☐Threats/Violent ☐Drug/Alcohol Abuse ☐Mental health Concerns If so, please explain here:  |
| Prior attempts to resolve by the tenant:  |
| Contributing factors to eviction: ☐Job Loss ☐Work Hours Reduced ☐Low FT Wages ☐Public Benefits Reduced ☐Wage Income Reduced ☐Medical Condition ☐Mental Illness ☐Transportation Problem ☐Family Member Illness ☐Debt/Budget/Credit Management Problems ☐Child Care Problem ☐COVID 19 ☐ Other (describe)  |

# Caseworker Conclusions

|  |  |
| --- | --- |
| Is emergency assistant needed? ☐Yes ☐NoIf yes, has it been applied for? ☐Yes ☐No | If so, with what organization? Contact person & phone number:  |
| What is the application status? ☐ Not yet complete ☐ Application submitted, not yet approved ☐ Approved ☐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.? ☐Yes ☐No ☐ I don’t know |