****Intake Form**

**Parish\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Parish Admin\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Basic Information**

|  |  |
| --- | --- |
| Name:  |  Date:  |
| Address/City:  | Age (optional): |
| Preferred contact method (phone or email):  | Permitted to leave message?  |
|  |
|  (Optional)  | Single  |  | Engaged  |  | Married  |  | Separated  |  | Divorced  |  |  |
|  |
|  |
| Lives:  | On Her Own  |  | With Parents  |  | Other Family  |  | With Friends  |  |  |
|  |
| (Optnl) | Husband  |  | Boyfriend  |  | Homeless  |  | Other: |  |
|  |
| What is her connection to the parish? (member, family/friend of member, lives in the community, none) |
| If she is a minor, parent name & contact: |  |
|  |
| How did she know to contact the parish? |
| Parish Sign  |  | Parish Bulletin  |  | Website |  | Message at Mass  |  | Referral by Priest  |  |  |
|  |
| Referral by Family |  | Referral by Friend  |  | Other?: |
|  |

**Assistance Needed (place ‘x’ by all that apply)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child care  | Food  | Formula  | Diapers  | Car seat  |
| Baby clothing  | Medical Care  | Housing  | Children’s Clothing  |
| Emotional support  | Employment  | School support  | Applying for public benefits  |
| Transportation  | Legal  | Other:  |

**Are there any immediate safety concerns?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Parish ProLife Rep:  |  | Call/email:  |  | Date contacted:  |  |

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