****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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