

**CATHOLIC  
CHARITIES of EASTERN VIRGINIA**



## **Emergency Service Intake Package**

**Contact us at 757-484-4134**

# Emergency Service Intake Package Instructions

- Step 1** Fill out the Emergency Service Intake Sheet
- Step 2** Fill out the Monthly Budget Worksheet completely
- Step 3** Attach the following documents to the intake and budget sheet, if you are applying for **Utility Assistance**:
- Current Picture I.D.
  - Proof of All Family Income
  - Copy of Utility Bill(s)
- Step 4** You (the client) must call the utility companies and give them permission to release information to Catholic Charities of Eastern Virginia.
- Step 5** Attach the following documents to the intake and budget sheet, if you are applying for **Rent Assistance**:
- Current Picture I.D.
  - Proof of All Family Income
  - Breakdown of amount owed on letterhead from rental office or landlord
  - Landlord or rental office name, telephone and fax number
- Step 6** You (the client) must call the landlord or rental office and give them permission to release information to Catholic Charities of Eastern Virginia.
- Step 7** Include a written statement, signed and dated by you (the client), giving Catholic Charities permission to speak with your mortgage company, landlord and/or your utility company in order to get information about your account.
- Step 8** Fax the complete Emergency Service Intake Package along with attachments to 757-484-1096 Attention: Emergency Services.

**\*Those seeking help with mortgage payments will need to schedule Counseling by calling: 757-484-0703.**

# Basic Monthly Budget Worksheet

Name: \_\_\_\_\_

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

Household Size: \_\_\_\_\_ Type of Assistance: \_\_\_\_\_ City: \_\_\_\_\_

## Net Income

Type of Income	Amount	Type of Income	Amount
Your Salary	_____	TANF	_____
Spouse or Other Salary	_____	Unemployment	_____
Child Support	_____	VA Benefits	_____
Retirement	_____	Other	_____
SSI	_____	Total Income	_____

## Expenses

### Housing

Mortgage or Rent \_\_\_\_\_  
Insurance \_\_\_\_\_

### Utilities

Electricity \_\_\_\_\_  
Gas \_\_\_\_\_  
Sanitation \_\_\_\_\_  
Water \_\_\_\_\_  
Telephone Cell \_\_\_\_\_  
Telephone Home \_\_\_\_\_

### Automobile(s)

Payment 1 \_\_\_\_\_  
Payment 2 \_\_\_\_\_  
Insurance \_\_\_\_\_

### Grocery

\_\_\_\_\_

### Clothing

Washing & Drying \_\_\_\_\_  
Outside of home \_\_\_\_\_

### Medical

Doctor \_\_\_\_\_  
Insurance \_\_\_\_\_  
Prescriptions \_\_\_\_\_

### Personal

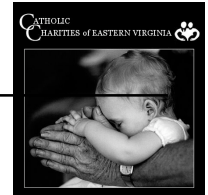
Child Care \_\_\_\_\_  
Education \_\_\_\_\_  
Cable/Satellite \_\_\_\_\_  
Other: \_\_\_\_\_

**Total Expenses** \_\_\_\_\_

### Income vs. Expenses

Income \_\_\_\_\_  
Minus Expenses \_\_\_\_\_  
What's Left? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



CCEVA Client Intake Form

Date: \_\_\_\_\_ Reason for Visit: \_\_\_\_\_

Client Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

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

Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Household Size: \_\_\_\_\_ # Adults \_\_\_\_\_ # Children \_\_\_\_\_

Total Household Monthly Income (Net) \$ \_\_\_\_\_

Marital Status: Married [ ] Divorced [ ] Single [ ] Widowed [ ]

How were you referred to us? \_\_\_\_\_

Spouse/Other Adult Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Client Demographics: (Please complete for statistical purposes only)

Client

Gender: Male [ ] Female [ ] Age \_\_\_\_\_

Religion: Catholic [ ] Non-Catholic [ ]

U.S Citizen: Yes [ ] No [ ]

Race: African-American [ ] Asian [ ]

Caucasian [ ] Hispanic [ ]

Native American [ ] Other [ ]

Spouse/Other Adult

Gender: Male [ ] Female [ ] Age \_\_\_\_\_

Religion: Catholic [ ] Non-Catholic [ ]

U.S Citizen: Yes [ ] No [ ]

Race: African-American [ ] Asian [ ]

Caucasian [ ] Hispanic [ ]

Native American [ ] Other [ ]

# Emergency Service Counseling Intake

Reason for Call		
Type	Amount	Due Date
Mortgage/Rent		
Utilities:		
Utilities:		

**Are you working with another agency:**

\_\_\_ Yes \_\_\_ No

**Are currently working with or receiving benefits through Social Service?**

\_\_\_ Yes \_\_\_\_\_

\_\_\_ No \_\_\_\_\_

**Circumstances resulting in your emergency need.**

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**What steps do you have in place to change your present financial situation?**

- |                         |                              |                       |
|-------------------------|------------------------------|-----------------------|
| O FEMA Chesapeake _____ | O FEMA Southampton Co. _____ | O Diocese _____       |
| O FEMA Franklin _____   | O FEMA Suffolk _____         | O Other _____         |
| O FEMA Norfolk _____    | O FEMA Virginia Beach _____  | O Mother Teresa _____ |
| O FEMA Portsmouth _____ | O FEMA Newport News _____    | O FEMA _____          |

**General Comments:**

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