

## Client Intake Form

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

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

Date of Birth: \_\_\_\_\_

Reason for visit: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### **Demographics** *(Please complete for statistical purposes only)*

Total Number of People in Household: \_\_\_\_\_

Total Annual Household Income: (Gross)	\$0-\$10,000 <input type="checkbox"/>	\$10,000-\$20,000 <input type="checkbox"/>	\$20,000-\$30,000 <input type="checkbox"/>	\$30,000-\$40,000 <input type="checkbox"/>	\$40,000-\$50,000 <input type="checkbox"/>	\$50,000-\$60,000 <input type="checkbox"/>	\$60,000-\$70,000 <input type="checkbox"/>	\$70,000-\$80,000 <input type="checkbox"/>
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Marital Status:  Single  Married

Gender:  Male  Female

Race:  African-American  Asian  Caucasian  Hispanic  
 Native American  Other

Military Status:  Active Duty  Retired  Veteran  Non-applicable

Employment Status:  Employed  Unemployed  Retired  Receiving Disability

### **Emergency Contact Information**

Primary Emergency Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

**Do you need help with any of the following?**

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**Health & Community Services**

- Are you a senior in need of transportation to appointments?
- Are you caring for a senior and need Respite Care Services?
- Are you looking for free or affordable primary medical care?
- Are you looking for free or affordable dental care?

**Mental Health Counseling Services**

- Are you seeking Mental Health Counseling? (Individual, Family or Marriage)

**Financial & Housing Counseling**

- Would you like help creating a monthly budget or learning more about how to increase your savings?
- Would you like to talk to someone about improving your credit score?
- Would you like to develop a plan to get out of debt?
- Are you looking for a mortgage modification or need help avoiding foreclosure?

**Guardianship/Representative Payee Services**

- Do you need a Representative Payee to manage your income?
- Are you interested in information on our Guardianship/Conservatorship Program?

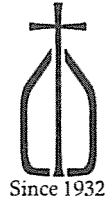
**Youth & Family Services**

- Are you looking for help getting diapers and clothing for your infant?
- Are you interested in education for your family? (*Strengthening Families, Cooperative Parenting, Parenting Basics, 24/7 Dads, Teen Anger Management, Domestic Violence Intervention*)
- Are you a Grandparent who is the primary caregiver to your grandchildren and would like education and supportive services?
- Are you pregnant, considering adoption & would like to talk to someone?
- Are you interested in becoming an adoptive parent?
- Are you seeking post-adoption, education, support or resources?

**\*\* Clients are not obligated to receive, purchase, or utilize any other services offered by the Agency in order to receive Housing Counseling or Financial Counseling Services\*\***

**FINANCIAL & HOUSING COUNSELING DEPARTMENT**

***Additional Intake***



Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

**Client Demographics** *(Please complete for statistical purposes only)*

Employer: \_\_\_\_\_

English Proficiency:  Fluent  Limited  Chose Not to Respond

Education(Highest grade Completed):

Primary  JR High  High School/GED  JR College

BA/BS Degree  Graduate Level  Chose Not to Respond

**Spouse/Co-Applicant Demographics** *(Please leave blank if not applicable)*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_ Employer: \_\_\_\_\_

Gender:  Male  Female Relationship to Client: \_\_\_\_\_

Race:  Black or A/A  Asian  White  Hispanic

Native American  Other  Chose Not to Respond

Military Status:  Active  Retired  Veteran  Chose Not to Respond

**Housing Information**

Housing Location:  Rural Area  Not in Rural Area  Chose Not to Respond

Owner  Renter Housing Choice Voucher Client  Yes  No

Are you current in your payments?  Yes  No

**For Mortgage Delinquency Only:**

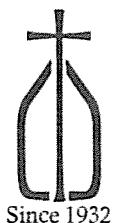
How long have you resided in your home? \_\_\_\_\_ How many months behind are you? \_\_\_\_\_

Mortgage Company: \_\_\_\_\_ Loan Number: \_\_\_\_\_

**Type of Loan:**

Conventional  FHA  VA  VHDA  Owner Financed

Are you involved in any type of Bankruptcy protection at this time?  Yes  No



## Statement Regarding Handling Dangerous/Inappropriate Behaviors

Catholic Charities of Eastern Virginia does not utilize any practice involving point systems, level systems, time outs, or manual restraints. We do not provide any direct client service which necessitates the need for such practices. We do not operate any residential services, nor do we operate a therapeutic foster care program. Our clients are only seen on an outpatient basis, or as participants in classes. In the event that any client exhibits out of control behavior, our approach is to attempt to verbally calm the client, in a non-threatening manner, and to promote the safety and dignity of both client and staff members. When a client demonstrates an inability or unwillingness to control his/her behavior, we call the local police. It is our policy that no staff member is to physically engage any client in an attempt to control that client's behavior, nor are they allowed to use any restrictive behavior.

In the event an employee, student intern or volunteer encounters a client who presents inappropriate or dangerous behavior, the following guidelines are to be used:

- No clients shall be subjected to physical or verbal abuse.
- Inappropriate behavior should be responded to by ignoring the behavior in such a manner as not to endanger the safety of the client or worker. Appropriate behavior should be reinforced with positive responses.
- In the event the client is threatening to harm others or themselves, the police will be notified, and notification to the person being threatened if that person is not aware of the threat. Workers are not expected to place themselves in jeopardy. Workers should use prudence in withdrawing from the situation.

**By signing below, I acknowledge that I have read the above statement and understand the Dangerous and Inappropriate Behavior Policy of Catholic Charities of Eastern Virginia. I also acknowledge that I have read, understand, and received a copy of the Financial and Housing Counseling Client Disclosures authorizing my consent for grant reporting, monitoring and compliance between CCEVA and funders.**

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(Client Signature)

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(Date)

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(Second Account holder signature if applicable)

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(Date)



## Financial and Housing Counseling Client Disclosures

### Complaint Resolution Process

We are committed to providing you with high quality professional services. However, if you are not satisfied with the services provided or if you want to make a complaint, we ask that you follow these guidelines.

- Step One: Try to resolve the issue with the staff member involved.
- Step Two: If Step One is not possible or the issue is not resolved to your satisfaction, write or call the Program Director at 3804 Poplar Hill Road Ste. A, Chesapeake, VA 23321 (757) 484-0703.
- Step Three: Agency may request a meeting with you (phone or face to face) or seek more information from a staff person. The agency will respond within 15 days.
- Step Four: If your issue is still unresolved, you may appeal in writing to the CEO, 5361-A, Virginia Beach Blvd., Virginia Beach, VA 23462. You will receive a decision within 15 days.

### Fee Disclosures

CCEVA is a non-profit 501(c)3 agency. We receive funding from a variety of sources including contributions, Federal, State, and private grants, program fees, and fair share payments. Funders include HUD, VHDA, CCUSA, the United Way, various Foundations and lenders. Your signed Intake authorizes CCEVA to share information as necessary with our funders for compliance, monitoring, and grant reporting.

CCEVA offers a wide range of services. **Clients are not obligated to receive, purchase, or utilize any other services offered by the Agency in order to receive services from the Financial and Housing Counseling Department.** When accessing our services, if you need assistance due to language barriers, mobility impairments, visual or hearing impairments, or other disabilities, please let us know so we can provide necessary accommodations.

Budget, Credit, and Financial Counseling is offered at **NO** cost.

Home Purchase Counseling is offered at **NO** cost.

Foreclosure Prevention Counseling is offered at **NO** cost.

Educational materials and workshops are offered at **NO** cost.

**Credit Report Fees:** To pull a client's credit score the following fees apply:

\$7.47 (individual) or \$14.94 (joint) for one credit bureau

\$15.95 (individual) or \$31.88 (joint) for two credit bureaus

\$24.91 (individual) or \$49.82 (joint) for three credit bureaus

**Payable by money order, cashier's check or credit card only**

### Financial Assistance Program Disclosures

- **CCEVA makes no promise of financial assistance and a completed application for assistance does not guarantee any funding. A funding committee will review all applications submitted by the case manager or counselor and have final approving authority. Applications are processed on a first-come, first-served basis. Funding sources vary and may be limited.**
- **Applicants receiving financial assistance must wait 18 months before being eligible to reapply.**
- **Financial funds will be used only for rent or mortgage and/or utility bill delinquencies. Payment is made directly to the landlord, mortgagee, or utility company, never to the applicant. NO deposits, late fees, or court fees of any kind will be paid. Funds will be used to pay the sum of: one-month past due only associated with the delinquency.**
- **The applicant must reside in the property as their primary residence; bills must be in the applicant's name and not more than 30 days past due. The approved payment and any amount provided by the applicant must cure the delinquency.**
- **The cause of the delinquency must be temporary and beyond the applicant's control. The applicant must have the ability to maintain self-sufficiency after assistance is awarded.**

## **Financial and Housing Counseling Client Disclosures**

### **Privacy Disclosure Information**

Catholic Charities of Eastern VA (CCEVA) is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. Your concerns are highly personal in nature and all information shared both orally and in writing will be managed within legal and ethical considerations. Your “non-public personal information” such as debts, income, living expenses and financial circumstances, will be provided to others only with your verbal or written consent or when our staff has been served by a valid subpoena. We may use anonymous aggregated case file information for the purpose of evaluating services, gathering valuable research information or designing future programs. Only authorized staff have access to confidential information within their department (or respective to their particular job assignments within that department). All staff access and use only the minimum amount of information necessary to accomplish their job duties. Extreme care is taken to ensure all clients’ right to privacy and confidentiality. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your non-public personal information. All case notes and client files are maintained in an onsite locked facility for 3 years from the date the case file is closed.

### **Program and Service Information Disclosures**

- CCEVA is a non-profit 501(c)3 agency. We receive funding from a variety of sources including contributions, Federal, State and private grants, program fees, and fair share payments. Funders include HUD, VHDA, CCUSA, the United Way, various Foundations and banks.
- I authorize CCEVA to share information specific to my financial situation to other agencies and funders as necessary for compliance, monitoring, and grant reporting requirements
- I understand that CCEVA will provide a comprehensive credit and housing counseling interview and a written Action Plan with recommendations and referrals for handling my finances.
- I understand that CCEVA’s role is to provide education and counseling on my housing options as they relate to my present financial situation; counselors are not authorized to provide legal advice.
- I agree to hold CCEVA, its employees, agents and volunteers harmless from any claim, suit, action or demand of my creditors, myself or any other person resulting from advice or counseling.
- I acknowledge that the information I have provided is accurate to the best of my knowledge.
- I authorize CCEVA to provide information gained from this transaction to others who are legally entitled to receive it.
- As a condition of Grant Funding, I authorize CCEVA to:
  - (i) Submit client level information to HUD, VHDA, and the NeighborWorks Data Collection Systems for HUD, REACH, NFMC and EHLP grants,
  - (ii) Open files to be reviewed for program monitoring, compliance, and grant oversight,
  - (iii) Retrieve and review client credit information and records, including credit reports, two additional times between intake and 3 years following file closing, and to conduct follow-up with clients.

### **Client Rights**

#### **We pledge that our clients have the right:**

- To prompt counseling services for managing money based on their financial situation;
- To treatment with dignity and respect;
- To be actively involved in a comprehensive assessment of their financial situation including an appropriate action plan;
- To express dissatisfaction thorough a Complaint Resolution Process;
- To discontinue their relationship with our agency at any time;
- To ask questions and to have concerns addressed;
- To use only those services offered through our agency that they feel will serve their needs.

**I have read and understand these disclosures.**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FINANCIAL & HOUSING COUNSELING DEPARTMENT**

***Authorization to Release and Obtain Information***

I, \_\_\_\_\_, do hereby authorize Catholic Charities of Eastern Virginia's Representative, \_\_\_\_\_ to obtain and release information concerning my account with \_\_\_\_\_  
(Name of Organization)

**Contact Information**

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

Client address: \_\_\_\_\_ (Street Address) \_\_\_\_\_ (Apt)  
\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Client Account #: \_\_\_\_\_

\_\_\_\_\_  
(Client Signature) (Date) (Second Account holder signature if applicable) Date

\_\_\_\_\_  
(Witness Signature) (Date)

This signed authorization is valid until \_\_\_\_\_  
(Not to exceed 180 days from date of consent)

**Catholic Charities of Eastern Virginia Financial & Housing Counseling Department**

**Chesapeake Office**  
3804 Poplar Hill Road,  
Suite A  
Chesapeake, VA 23321  
Phone: (757) 484-0703  
Fax: (757) 484-1096

**Newport News Office**  
12829 Jefferson Avenue,  
Suite 101  
Newport News, VA 23608  
Phone: (757) 875-0060  
Fax: (757) 877-7883