

Greenwich Department of Human Services Admissions Form

Client Information Date: _____

Last Name: _____ First Name: _____ Middle: _____

SSN #: _____ Date of Birth: _____ Age: _____

Gender: Male/Female/Transgender/Other: _____ Are you pregnant? Yes/No

Marital Status: Single/Married/Domestic Partnership/Divorced/Widowed/Separated

Are you a veteran? Yes/No

Do you have a conservator or Power of Attorney? ___ Yes ___ No

If yes, name: _____ Phone Number: _____

Address: _____

Previous Address (if less than 2 years): _____

How long have you lived in Greenwich? _____

Phone Number: _____ (Home/Cell/Work) Phone Number: _____ (Home/Cell/Work)

Email Address: _____

Assistance Request: How can we support you today?

Housing Arrangement:

Own
 With family, pays rent
 Public Housing
 With family, rent-free
 Rent
 With friends, rent-free
 With friends, pays rent
 Homeless

Emergency Contact

Name: _____

Address: _____

Relationship: _____ Phone Number: _____

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Demographic Information:

Ethnicity: Hispanic/Non-Hispanic

Race: _____ American Indian/Alaska Native _____ Black/African American _____ Asian
 _____ White _____ Native Hawaiian/Pacific Islander _____ Other

Citizenship Status: US Citizen/Lawful Permanent Residency/Refugee/Asylee/Other _____

Primary Language: _____ **Do you speak English?** Yes/No

Employment:

Are you a Town employee? Yes/No

Are you employed? _____ Yes _____ No If yes, _____ Full-Time _____ Part-Time

Are you seeking employment? _____ Yes _____ No If yes, _____ Full-Time _____ Part-Time

Household Composition & Monthly Income:

	Name	Date of Birth	Age	Relationship to Head of Household	Social Security Number	Monthly Income	Income Source	Assets
1								
2								
3								
4								
5								
6								

Referral Information

How did you learn about the Greenwich Department of Human Services?

_____ Self _____ Family _____ Website _____ Brochure _____ School
 _____ Agency (Name) _____ Town Department (Name) _____

Applicant (if other than client): _____

Relationship to Client: _____

Applicant Contact #: _____

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For Office Use Only:

_____ **New Client** _____ **Reapplication**

Date: _____

Time: _____ am/pm

Type of Contact: _____ Phone _____ Office Visit _____ Home Visit _____ Online _____ Report _____ Site Visit

Information provided by: _____ Client _____ Child _____ Spouse _____ Other (specify): _____

Reapplication/Last Date Served: _____ **Name of Last Case Manager:** _____

Administrative Staff Assistant: _____ **Intake Worker:** _____

Checklist:

- _____ Photo Identification (Driver's License, Passport, etc.) (photocopied)
- _____ Proof of Greenwich Residency (Lease, Mortgage, Tax bill, Landlord's Letter, etc.)
- _____ Proof of Income (for everyone in the household)
- _____ Most Recent Bank Statement
- _____ Signed *Clients' Rights and Responsibilities*

Intake Worker Initials _____

Comments:

Patient Health Questionnaire-2:

	Not at all	Several days	More than half the days	Nearly every day
Over the last 2 weeks, how often have you been bothered by the following problems?				
Little interest or pleasure in doing things				
Feeling down, depressed or hopeless				

CAGE Questionnaire:

	Yes	No
Have you ever felt that you ought to <u>C</u> ut down on your drinking or drug use?		
Have people <u>A</u> nnoyed you by criticizing your drinking or drug use?		
Have you ever felt bad or <u>G</u> uilty about your drinking or drug use?		
Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (Eye opener)?		

Greenwich Department of Human Services Admissions Form: Notes

Brief Statement of Problem/Need:

What brings you here today? Do you have additional needs for assistance?

Current Living/Housing Situation:

Where are you living and with whom? Do you pay rent? If so, how much? Are your rent payments up to date? Do you pay for heat and utilities?

Financial/Income & Assets:

How much do you earn monthly or annually? Do you have other income from unemployment, child support, Social Security, a pension, a property rental, etc.? Do you have a checking, savings, retirement, 401K, 403B, or other bank accounts?

Health/Mental Health Status:

Do you have any health conditions? If yes, are you taking any medications? Do you have mental health concerns, such as depression or anxiety? If yes, are you taking any medications? Do you have health insurance?

Background Information/Family History:

Is there anything notable in your family history? Do you have family in this area? How would you describe your relationship with your family?

Education/Employment History:

What is your highest level of education? Are you currently employed? If so, for how long? Are you satisfied with your current employment?

Assessment and Suggested Referral, if needed:
