

Collaboration2gether, Inc.

Multi-Service Intake & Referral Form

This intake form is used to request support, services, or referrals through Collaboration2gether, Inc. and its affiliated programs. All submissions are confidential and reviewed for eligibility, safety, and service capacity.

SECTION 1: REQUEST TYPE (check one)

- Individual / Family requesting support
- Professional referral (agency, church, school, hospital, DSS, DJJ)
- Community partner / ministry
- Volunteer interest

SECTION 2: SERVICE CATEGORY (check all that apply)

Youth & Family Services

- Save Our Sons (SOS)
- Parenting Support / Triple P
- Strengthening Families
- Mentoring & Life Skills

Faith-Based & Ministerial Services

- Greater Darlington Christian Affiliation Hub
- Prayer & Fellowship Gatherings
- Faith Outreach & Unity Initiatives

Veterans & Vulnerable Adults

- Advocacy & Case Support
- Caregiver & Residential Support
- Veteran Resource Navigation

Community Support Services

- Resource Referrals
- Outreach & Ministry Support

Food & Basic Needs

- Nourish2gether Food Pantry
- Senior Boxes
- Youth Support Items

Volunteer & Community Engagement

- Volunteer Service
- Ministry Partnership
- Event Support

- Community Partnership / Sponsorship Inquiry

SECTION 3: BASIC INFORMATION

Name: _____

City / State: _____

Email (optional): _____

SECTION 4: SERVICE NEED / PURPOSE

Please briefly describe the reason for your request (3–5 sentences):

SECTION 5: ACKNOWLEDGMENTS (check all)

- I understand submission does not guarantee services.
- I understand this is not an emergency or crisis service.
- I understand services depend on availability and eligibility.

SECTION 6: SIGNATURE

Signature: _____ Date: _____

Important Notice: Collaboration2gether, Inc. does not provide crisis or emergency services. If there is immediate danger, contact local emergency services. Submission of this form does not create an attorney-client, clinician-client, or emergency response relationship.