SAFE IN HIS ARMS – INTAKE FORM (FILLABLE PDF LAYOUT)

(Copy and paste this into Google Docs or Word. The lines and spacing are designed for fillable text fields.)

SAFE IN HIS ARMS – INTAKE FORM

All information is confidential

SECTION 1: PERSONAL INFORMATION

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Current Address: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Relationship to Emergency Contact: _____

SECTION 2: HOUSEHOLD INFORMATION

Are you currently pregnant?

☐ *Yes* ☐ *No*

If yes, how far along? _____

Do you have children with you?

☐ *Yes* ☐ *No*

If yes, list below:

Child 1 Name: _____ *Age:* _____ *Gender:* _____

Special needs/health concerns: _____

Child 2 Name: _____ *Age:* _____ *Gender:* _____

Special needs/health concerns: _____

Child 3 Name: _____ Age: _____ Gender: _____

Special needs/health concerns: _____

(You may add more fields if needed.)

SECTION 3: HOUSING SITUATION

Current housing situation:

☐ Homeless

☐ Staying with friends/family

☐ In a shelter

☐ Unsafe/unstable housing

☐ Other: _____

How long have you been in this situation? _____

What led to your current housing crisis?

SECTION 4: SAFETY CONCERNS

Are you currently experiencing domestic violence or abuse?

☐ Yes ☐ No ☐ Prefer not to say

Do you feel safe right now?

☐ Yes ☐ No

EIs anyone threatening or harming you or your children?

☐ Yes ☐ No

Do you need immediate safety assistance?

☐ Yes ☐ No

SECTION 5: HEALTH & MEDICAL

Medical conditions (you or children):

Current medications:

Primary care provider or OB/GYN:

Do you need help accessing prenatal care?

☐ Yes ☐ No

SECTION 6: SUPPORT NEEDS

(Select all that apply)

☐ *Safe shelter*

☐ *Food or baby supplies*

☐ *Prenatal care*

☐ *Parenting support*

☐ *Transportation*

☐ *Counseling / emotional support*

☐ *Employment assistance*

☐ *Childcare assistance*

☐ *Other:* _____

SECTION 7: GOALS

Immediate needs:

Long-term goals for you and your child(ren):

SECTION 8: CONSENT & AGREEMENT

☐ I confirm the information provided is true to the best of my knowledge.

☐ I consent to Safe In His Arms reviewing this information to determine services and support.

Signature: _____

Date: _____
