

INTAKE PROFILE

DATE: _____

Legal Name: _____ (_____)
First nick name Middle Last Suffix (Jr., Sr.,
etc.)

Telephone: _____ Date of Birth: _____

Social Security Number: _____

Most Recent Address:

Address: _____

City: _____ State: _____ Zip: _____ How long at this address? _____

Marital Status (circle one): Single / Married / Divorced / Widowed

Height: _____ Weight: _____ Hair Color: _____ Eye Color _____

Physical Conditions:

Medications: _____ / _____ / _____ / _____

_____ / _____ / _____ / _____ / _____

Emergency Contact:

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Which of the following applies to you? (check all that apply):

Alcohol Abuse Domestic Dispute Domestic
Violence

Drug Abuse Eviction Mental Health

Physical Health Released from Hospital Released from Jail

Released from Program Other: _____

Are you currently homeless? (y/n)_____ If yes, for how long: _____

If your homeless, how many times in the last 3 years? _____

Veteran Status

Did you ever serve on active duty in the Armed Forces of the United States? (y/n): _____

If yes, are you currently receiving any veteran benefits or services? (y/n): _____

If yes to active duty, list branch and years served: _____

Disability Information

Do you have a physical disability? (y/n): _____

If yes, do you currently receive services/treatment for your disability? (y/n): _____

Do you have a developmental disability? (y/n): _____

If yes, do you currently receive services/treatment for your disability? (y/n): _____

Do you have a chronic health condition (heart or lung disease, diabetes, brain injury, dementia, etc...)?

(y/n): _____ If yes, do you currently receive services/treatment for your condition? (y/n): _____

Are diagnosed with a mental health condition? (y/n): _____

If yes, do you currently receive services/treatment for your diagnosis? (yes/no): _____

Are you or have been diagnosed with a sexually transmitted disease? (y/n): _____

If yes, do you currently receive services/treatment for your STD(y/n): _____

Do you have a substance abuse problem? (circle one): Alcohol Drugs Both None

If yes, do you currently receive services/treatment for the substance abuse? (yes/no) _____

If yes, is the substance abuse problem expected to be of long duration and substantially impair the ability to live independently? (yes/no) _____

What is your general health status? (circle one)

Excellent Very Good Good Fair Poor Don't Know

Education, Employment, and Income

Are you currently employed? (yes/no) _____

If yes, name and address of employer: _____

If yes, compute monthly income:

Hours per week _____ X Rate per hour \$ _____ = \$ _____ X 4 = \$ _____
weekly Monthly

If unemployed, are you looking for work? (yes/no) _____

Are you currently in school or working on a degree or certificate? (yes/no) _____

Have you received any vocational training or apprenticeship certificates? (yes/no) _____

If yes, specify _____

What is the highest level of schooling you have completed? _____

Have you received income from any source in the last 30 days? (yes/no) _____

Types of Income you are Receiving – Fill in all that apply

Monthly Income		Monthly Income	
\$ _____	Earned Income (Employed)	\$ _____	Social Security Disability Ins.(SSDI)
\$ _____	Unemployment Insurance	\$ _____	Veteran's Disability
\$ _____	Supplemental Security Income (SSI)	\$ _____	Private Disability Insurance
\$ _____	Workers Compensation	\$ _____	Social Security Retirement
\$ _____	Veteran's Pension	\$ _____	Pension from Job
\$ _____	EAEDC, GA, TANF or Welfare	\$ _____	No Financial Resources
\$ _____	Other Income (specify source) _____		

Total Monthly Income: _____

Have you received any non-cash benefits from any source in the last 30 days? (yes/no) _____

Types of Non Cash Benefits you are receiving – Fill in all that apply

\$ _____	SNAP Benefits (Food Stamps)	\$ _____	Mass Health / Medicaid
\$ _____	Medicare	\$ _____	Veteran's Medical Services
\$ _____	WIC	\$ _____	Section 8
\$ _____	Rental Assistance	\$ _____	Other _____

Do you have health insurance that is not listed above? (yes/no) _____

If yes, name of insurance _____

Have you ever applied for SSI or SSDI? (yes/no) _____

Have you ever been rejected for SSI or SSDI? (yes/no) _____

Do you have a jail or prison record? (yes/no) _____

If yes, provide detail (charge, time served, dates of incarceration, pre release programs, after incarceration programs, etc.)

Do you now, or have you ever had a personal relationship with Jesus Christ? (yes/no) _____

If yes, explain _____

If no, do you desire to have a personal relationship with Jesus Christ (yes/no) _____

Briefly explain what you hope to gain by coming to My Father's House. _____

References: Please provide us with your Pastor's Name and 2 references with contact information:

Home Church: _____ Pastor's Name: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

I attest that the information I have given to My Father's House in the above intake profile is true to the best of my knowledge. Also by signing below, I authorize My Father's House to verify any information contained in the intake profile.

Print Name: _____ **Date:** _____

Signature: _____

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

Under the provisions of M.G.L. c.6, § 172 My Father's House an entity wholly owned and managed by Milestone Ministries Inc. is seeking permission from the undersigned to receive CORI for the purpose of screening current and otherwise qualified prospective volunteers, employees, subcontractors, and applicants for the rental or lease of housing.

As a prospective or current volunteer, employee, subcontractor, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the Massachusetts Department of Criminal Justice Information Services. I hereby acknowledge and provide permission to Milestone Ministries to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Milestone Ministries with written notice of my intent to withdraw consent to a CORI check.

SUBJECT INFORMATION:

Last Name	First Name	Middle Name	Suffix

Date of Birth	Place of Birth

Last Six Digits of Your Social Security Number: _____

Sex: (M/F) _____ Height: _____ ft. _____ in. Eye Color: _____ Ethnicity: _____

Driver License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name	Father's Full Name

Current Address:

Street	City/Town	State	Zip	

Former Address:

Street City/Town State Zip

By signing below, I knowingly consent for Milestone Ministries/My Father's House to perform CORI inquiry and acknowledge that the information provided above is true and accurate.

SIGNATURE DATE

The above information was verified by reviewing the following form(s) of government issued identification:

Office use only:
Identification verified by: _____
Name of Verifying My Father's House Staff (Please Print)

Signature of Verifying My Father's House