

Serenity Family and Children Services

Client Intake Form

- Please read all the instructions provided and gather all required documents BEFORE proceeding to the Online Application Portal. Incomplete applications will not be approved.
- Don't forget to include these forms with your online application.
- Please allow up to 20 business days for processing.

Required Scanned Documents:

1. **Valid Government issued Photo ID, for anyone 18 years of age and older**, such as a State of Florida Driver's License or Picture Identification.
2. Proof of Permanent Resident Status for household members that are non-U.S. citizens.
3. Social Security Cards for All Household Members.
4. Birth Certificate for Children Age 5 or Younger.
5. If you receive Section 8 or Public Housing, provide a copy of your Housing Contract and Lease Amendment or Notice of Rent Change which shows your name, address, and the effective date of your lease/amendment; and, a printout of your 50058 or 50059 form that shows your Full Name and the amount of your Utility Allowance

Proof of all income received in the past 30 days for all Household Members including but not limited to:

1. Current Year Disability and/or SSI Benefits Statement.
2. Current Senior Citizens Retirement Benefits Statement.
3. Current Pay Stub (consecutive pay stubs for last 30 days of employment).
4. Current Unemployment Wage Determination Statement.
5. Current Foodstamp Determination Printout
6. Current Pension Printout.
7. Current Child Support Verification Printout.
8. Current AFDC/TANF Verification Printout.
9. Current Veteran Benefits Printout.
10. Current Workman's Compensation Benefits Printout.
11. **Bank statements and W-2 tax forms will not be accepted.**

MANDATORY: Print out ENTIRE Application and Complete ALL Sections FULLY.

Sign and Date each Form. INCOMPETE Applications WILL NOT be Accepted.

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Client's Full Name: _____ D.O.B _____ Age: _____ Date: _____

SSN: _____ U.S. Citizen: YES OR NO (CIRCLE ONE) REFERRED BY: _____

Resident Status: _____

Gender: _____ Race: _____ Marital Status _____

Client's Phone Number: _____ Email Address: _____

Client's Highest Level of Education: _____

Employment Status: _____ Full Time/Part Time (Circle One) Weekly Hours: _____

Income: _____ Weekly, Bi-Weekly, Monthly, Annually (Circle One)

Additional Income: Please Select all that apply.

- Foodstamps \$ _____
- TANF \$ _____
- Child Support \$ _____
- Other \$ _____

▪ Mental Illness History: Yes _____ No _____

▪ Describe: _____

▪ Medical Needs: Yes _____ No _____

▪ Describe: _____

▪ Medications: Yes _____ No _____

▪ Name _____ Dosage _____

▪ Arrest History: (Convictions, Adjudication Withheld) Yes _____ No _____

▪ Describe: _____

▪ _____

▪ Domestic Violence History: Yes _____ No _____

▪ Describe: _____

▪ Substance Abuse History (Alcohol, Drugs, Other): Yes _____ No _____

▪ Describe: _____

Homeless: Yes _____ No _____

If Homeless How Long _____

If in need of Rental Assistance: How Many Months In Arrears are you? _____

Why? _____

Client Print _____ Client Signature: _____ Date: _____

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Spouse/ Significant Other Full Name: _____ D.O.B: _____

Age: _____ Race: _____ Gender: _____

SSN: _____ Phone Number: _____

Email Address: _____ Highest Level of Education: _____

Employment Status: _____ Full Time/Part Time (Circle One) Weekly Hours: _____

Income: _____ Weekly, Bi-Weekly, Monthly, Annually (Circle One)

Additional Income: Please Select all that apply

- Foodstamps \$ _____
- TANF \$ _____
- Child Support \$ _____
- Other \$ _____

▪ Mental Illness History: Yes _____ No _____

▪ Describe: _____

▪ Medical Needs: Yes _____ No _____

▪ Describe: _____

▪ Medications: Yes _____ No _____

▪ Name _____ Dosage _____

▪ Arrest History: (Convictions, Adjudication Withheld) Yes _____ No _____

▪ Describe: _____

▪ _____

▪ Domestic Violence History: Yes _____ No _____

▪ Describe: _____

▪ Substance Abuse History (Alcohol, Drugs, Other): Yes _____ No _____

▪ Describe: _____

Homeless: Yes _____ No _____

If Homeless How Long _____

Spouse Print: _____

Spouse Signature: _____ Date: _____

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HOUSEHOLD INFORMATION:

<u>PRINT FULL Name</u>	<u>D.O.B</u>	<u>AGE</u>	<u>GRADE</u>	<u>GENDER</u>	<u>SSN</u>

The above information is true and accurate to the best of my knowledge.

I, _____ (FULL NAME),

Understand that I am responsible for all information shared, also responsible for my actions and my children’s actions during any office visits, events, programs and services. Additionally, I release and hold harmless Serenity Family and Children Services Corporation, All Affiliates, Board of Directors, Investors, Management and Staff, Partners, Donors, Sponsors, Vendors, and Volunteers of any legal, professional, or personal responsibility, claim of liability thereof.

I, _____ (FULL NAME),

also authorize Serenity Family and Children Services Corporation to receive and share any information of myself and my family with any agency or organization that can provide further assistance for us both presently and in the future.

Client Signature: _____ Date: _____

Serenity Family and Children Services

Client Intake Form

Statement of Release & Privacy Statement

Name: _____

Address: _____

City _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

I, _____ (FULL NAME),

hereby grant permission and authorize Serenity Family and Children Services Corporation and their staff members and affiliates to request any information and or documentation needed to assist the individual above along with any minor children.

I, _____ (FULL NAME),

Am aware and acknowledge that this information requested shall be used for the exclusive purposes for me and my family to receive services from Serenity Family and Children Services Corporation as well as their associates, partners, sponsorships, and affiliates.

This statement also serves as my commitment and acknowledgement to hold harmless and release Serenity Family and Children Services Corporation of any harm legally or civilly in addition to any unauthorized use of the personal information for me and my family including any type of allegations, lawsuits, pursuance of the law, civil or criminal without legally pursuing any other organization, partner, affiliate, associate, staff or volunteer of Serenity Family and Children Services Corporation

Client Print (FULL NAME): _____

Client Signature: _____

Date: _____

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OFFICIAL USE ONLY

Case Manager Notes:

Case Manager: _____

Phone Number: _____

Email Address: _____

Referring Agency: _____