



Conference \_\_\_\_\_

New Neighbor  yes  no

Date \_\_\_\_\_

# of people in household \_\_\_\_\_

How did the Neighbor hear about SVDP? \_\_\_\_\_

If a twinning call, list the name of the Parish assisted \_\_\_\_\_

Where visitation took place  Home  Church/Pantry  Hospital  Eldercare  Prison  Other \_\_\_\_\_

**NEIGHBOR INFORMATION**

Neighbor Name \_\_\_\_\_

Neighbor Home Phone \_\_\_\_\_

Neighbor Address \_\_\_\_\_

Neighbor Cell Phone \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code)

Verification of Identity  
○ Date of Birth \_\_\_\_\_

Marital Status \_\_\_\_\_

○ ID Expiration Date \_\_\_\_\_

Occupation/Employer \_\_\_\_\_

Currently Unemployed

Total Household Monthly Income \$ \_\_\_\_\_

Income Source(s):

Total Household Monthly Expenses \$ \_\_\_\_\_

Other needs, e.g. *prescriptions, faith, education, etc.* \_\_\_\_\_

**SPOUSE/OTHER ADULTS LIVING IN HOUSE**

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship to Neighbor \_\_\_\_\_

Occupation \_\_\_\_\_ Currently Employed  Yes  No

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship to Neighbor \_\_\_\_\_

Occupation \_\_\_\_\_ Currently Employed  Yes  No

**CHILDREN**

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_



Neighbor Name \_\_\_\_\_

**ASSISTANCE PROVIDED**

Goods	# of People	\$ Value	Other Aid	# Provided
A. Food			Jobs obtained	
B. Furniture			Referrals	
C. Clothing			Travel aid	
D. Other			Spiritual aid/Sacraments	
<b>Subtotal of Goods (A - D)</b>			Other	
Services	# of People	\$ Value	<b>Total Other Aid</b>	
E. Utility Assistance				
F. Rent/mortgage				
G. Legal				
H. Medical				
I. Dental				
J. Other				
K. Car Purchase				
L. Car Repair				
<b>Subtotal of Services (E - L)</b>				
<b>Total Goods and Services (A - L)</b>				

**NOTES AND COMMENTS (Attach additional pages if needed.)**

Name of Vincentian who did the Home Visit/intake \_\_\_\_\_

**RELEASE OF CONFIDENTIAL INFORMATION**

All information collected by the Society of St. Vincent de Paul (SVDP) staff, volunteers, and/or interns regarding Neighbors or potential Neighbors is confidential. SVDP is committed to protecting the privacy of all Neighbors as completely as possible. However, in some cases, it is necessary or desirable for us to either receive and/or share information with others. The purpose of obtaining and/or sharing this information is to ensure Neighbors receive the assistance needed.

\_\_\_\_\_, hereby authorizes  
(Name of Neighbor)

THE SOCIETY OF ST. VINCENT DE PAUL to access and release any information or records that are relevant for the purpose of providing assistance for my needs for twelve months.

Neighbor signature X \_\_\_\_\_ Date \_\_\_\_\_

Witness signature X \_\_\_\_\_ Date \_\_\_\_\_