



Conference _____

New Neighbor yes no

Date _____

No. of people in the 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)

Photo ID _____

Marital Status _____

Occupation/Employer _____

Currently Unemployed

Total Household Monthly Income \$ _____

Income Source(s):

Total Household Monthly Expenses \$ _____

Other needs, i.e. *prescriptions, faith, education...* _____

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

NOTES AND COMMENTS (Attach additional pages if needed.)

Name of Vincentian who did the 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 _____

Social security number _____ (for utilities only)

Witness signature **X** _____ Date _____