



Today's Date: _____ Intake Volunteer (Initials): _____

Client Release Form:

I the undersigned do agree that personal information about me and my family can be released to Shepherd's Crossing, located at 621 Humboldt Ave., Manhattan KS 66505. This information when released will be held in confidence by the staff of Shepherd's Crossing. I understand that this information will be used only in efforts to assist me/my family and will not be divulged for any other purpose.

Print Name: _____ Today's Date: _____

Signature: _____

Client Information:

What church do you attend if any? _____

What type of assistance do you need? Rent Water Prescription Westar KGS Propane

Explain your financial crisis and why you need assistance. _____

Name on bill or lease: Self | Spouse/partner | Parent | Child | Other relative: _____

Client's First Name: _____ MI _____ Last Name: _____

Other Last Name (name you have used in the last 3 years): _____

Client Address: _____

P.O. Box: _____

City: Manhattan 66502 / 66503 Ogden 66517 St. George 66535 Leonardville 66449
Keats 66503 Riley 66531 Randolph 66554

Do you own your own home?: Yes No

Date of Birth: _____

Gender: Male Female

Marital Status: Married Single Divorced Widowed Separated

Clients' Phone Number: _____

OFFICE USE ONLY

Payment Amount: _____ Check Payable To: _____

Address: _____ Payment Date: _____

Con't client information

Employed: Yes No Employer: _____

Wages: _____ Hours per week: _____

Do you receive Disability: Yes No Have you applied for Disability: Yes No

Type of Health Insurance: Blue Cross Health Wave Medicaid Medicare
Medic Kan Uninsured None Defined
Other Insurance: _____

Race: White African American Native American Hispanic None Defined
Asian Alaskan native Pacific Islander Multicultural Other: _____

Education Level (Completed): _____

First Language: English Spanish German French Arabic Chinese

Household Information

Add Household Members (other adults and/or children living in the house):

Name	Relation	DOB

Household Phone if different: _____

of Adults in Household: _____ # of children under 18 in Household: _____

Type of Government Housing Assistance: None Section 8 Housing MHA Manhattan Partnership

How were you referred to Shepherd's Crossing?

Returning Client Pastoral Staff Friend Family Physician

Social Service Agency: _____ Other: _____

Would you like to receive a follow up phone call? Yes No

Counselor Use Only

Pledged Amount: \$ _____

Prescription Westar KGS Water Propane

Landlords Address (Rent): _____

Pending until we receive receipt in the amount of:

Receipt Received Date: _____ Received by: _____

Has pledge been made to utility or landlord? Yes No

Referrals: Encore Pawnee MHA Breadbasket Flint Hills Clinic
Salvation Army Praire Land Foods The Farm Budget Shop Emergency Shelter

INCOME *monthly*

Client Net Income _____

Spouse Income _____

Other Income _____

Workmans Comp _____

SSI (Social Security) _____

Cash Assistance (SRS) _____

Food Stamps _____

SSDI (Disability) _____

Child Support _____

TOTAL _____

FIXED EXPENSES

Rent / Mortgage _____

Car Payment _____

Electric _____

Gas _____

Water _____

Trash _____

Propane _____

Car Ins. _____

Home Ins. _____

Health Ins. _____

Child Support _____

Garnishment of Pay _____

Other _____

TOTAL _____

FLEXIBLE EXPENSES *monthly*

Food (including Food Stamps) _____

Cable Basic _____

Cable Extended _____

Cable Movie Channel _____

Telephone - Land Line _____

Cell Phone Bill _____

Church / Charity _____

Child Care (SRS Subsidized) _____

Child Care (Private) _____

Clothing _____

Gas /Taxi _____

Credit Cards (monthly payment) _____

Court Expense / Legal Bills _____

Laundry _____

Prescriptions _____

Other _____

School Expenses _____

Diapers _____

Recreation _____

Cigarettes / Alcohol _____

Pet Food / Supplies _____

Rent-to-own _____

Pawn Shop (monthly payment) _____

Bank Charges (Overdraft Fees) _____

Medical Bills (Monthly payments) _____

Pay Day Loans _____

TOTAL _____

<p>TOTAL INCOME</p> <p>(minus) Fixed Expenses</p> <p>(minus) Flexible Expenses</p>
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