



Today's Date: _____

Intake Volunteer (Initials) _____

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

Explain your financial crisis and why you need assistance: _____

Name on bill or lease: *Self / Spouse / Parents / Child / Other relative/Family member*

Client's First name _____ Middle Initial _____ Last Name _____

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

Client Address: _____

PO Box: _____

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

Date of Birth: _____ Gender: Male Female

Marital Status: Single Married Separated Divorced Widowed

Telephone Numbers: _____

home cell work Another Number

Email Address: _____

Client Release Form:

I, the undersigned, do agree that personal information about me or my family may be released to Shepherd's Crossing, located at 621 Humboldt Ave., Manhattan, Kansas 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 and/or my family and will not be divulged for any other purpose.

Print Name _____ Today's Date _____

Signature **X** _____

Office Use Only

Payment Amount: \$ _____ Check Payable To: _____

Address: _____ Payment Date: _____

Are You Employed? Yes _____ No _____ Employer: _____

Wages: \$ _____ Hours per week: _____

Disability Income? Yes No Applied for Disability Income? Yes No If Yes: _____

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

Race: African American White Native American Hispanic None Defined
Alaskan Native Asian Pacific Islander Multi-racial Other: _____

Education Level (Completed): Elementary _____ 8th grade _____ High School _____ Some college _____
Associates _____ College Graduate _____ Masters/Doctorate _____

First Language: English Spanish German French Other: _____
Chinese Japanese Portuguese Arabic

Household Information

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

Name	Relation	Employed?	DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of Adults in Household? _____ Number of Children under 18 in Household? _____

Other Household Members' Employment Information:

Name: _____ Employer: _____ Monthly Wages: \$ _____
Name: _____ Employer: _____ Monthly Wages: \$ _____

Do you own your own home? Yes No

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

How were you referred to Shepherd's Crossing?

Returning client Pastoral Staff Friend Family Physician Utility/Landlord

Social Service Agency: _____

What church do you attend if any? _____

Do you need a follow up phone call to help you resolve the financial crisis that brought you into Shepherd's Crossing today? Yes ___ No ___ Phone Number where you can be reached: _____

Income*Monthly*

Client Net Income (Name) _____

Other Income (Name) _____

Odd Jobs _____

Other Income _____

Worker's Comp _____

SSI (Social Security) _____

Cash Assistance (DCF) _____

SNAP (Food Stamps) _____

SSDI (Disability) (Name) _____

Child Support _____

Retirement _____

TOTAL INCOME _____

Flexible Expenses*Monthly*

Food (including SNAP) _____

Cable Basic _____

Cable Extended/Internet _____

Cable Movies / Netflix/Redbox _____

Telephone –Land Line _____

Cell Phone Bill _____

Church/Charity _____

Child Care (DCF Subsidized) _____

Child Care (private) _____

Clothing _____

Gas / Taxi _____

Credit Cards (monthly payment) _____

Court Expense/ Legal Bills _____

Laundry/Sanitary Items _____

Prescription Medications _____

School Expenses _____

Diapers _____

Recreation/Entertainment _____

Lottery/Cigarettes/Alcohol/Drugs _____

Personal tattoos, Nails, piercings, hair, makeup _____

Pet Food/ Supplies _____

Rent-to-own/Storage _____

Pawn Shop (monthly payments) _____

Bank Charges (Overdraft fees) _____

Medical Bills (monthly payments) _____

Pay Day Loans _____

Student Loans _____

TOTAL _____

Fixed Expenses

Rent/Mortgage _____

Car Payments _____

Car-Make and Year _____

Electric _____

Gas/ Propane _____

Water _____

Trash _____

Car Insurance _____

Home Insurance _____

Health Insurance _____

Child Support _____

Garnishment of Pay _____

Other _____

TOTAL _____

TOTAL INCOME	_____
(minus Fixed Expenses)	_____
(minus Flexible Expenses)	_____
Amount Remaining	_____

Counselor Comments

Counselor Use Only

Pending until we receive receipt in the amount of: \$ _____

Required Documents: 1. _____ 2. _____ 3. _____

Receipt Received Date: _____ Received by: _____

Pledge Amount: \$ _____

Has pledge been made to utility or landlord? Yes _____ No _____

Prescription Westar KGS Water Propane

Landlord's Name (Rent): _____ Phone Number: _____

Landlord's Address: _____

Have you filled out a pledge voucher or referral and given it to the client? Yes _____ No _____

Referrals:	Encore	Pawnee	MHA	Bread Basket	Flint Hills Clinic
(Circle Each)	Budget Shop	Salvation Army	HPRP	Prairie Land Foods	Emergency Shelter