

Case # \_\_\_\_\_

**HOMELESS ADVOCACY PROJECT**

1429 Walnut Street, 15th Floor • Philadelphia, PA 19102 • (215) 523-9595 (phone) • (215) 523-9599 (fax)



**CLIENT INTAKE FORM – CONFIDENTIAL**

Location of Interview: \_\_\_\_\_ Date: \_\_\_\_\_ HAP Supervisor: \_\_\_\_\_

**BACKGROUND INFORMATION**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Email: \_\_\_\_\_

SS# \_\_\_\_\_ Race: \_\_\_\_\_ Gender: M  F  Non-binary  / Non-citizen  / Veteran  SSVF

Residential Address: \_\_\_\_\_  
(Street Address) (Apt./Room/Bed #) (ZIP) (Phone)

Mailing Address: \_\_\_\_\_  
(Street Address) (Apt./Room/Bed #) (ZIP) (Alt. Phone)

Alternate Contact: \_\_\_\_\_  
(Name) (Relationship) (Address) (ZIP) (Phone)

Case Manager: \_\_\_\_\_  
(Name) (Organization) (Email) (Phone)

Monthly Household Income: Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Assets/Value: \_\_\_\_\_

Number of Children: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_

**CASE TYPE** (To be completed by HAP Supervising Attorney):  General  CFP  Veterans  SOAR

**ISSUES** (To be completed by HAP Supervising Attorney):

BENEFITS	CREDIT/CONSUMER	EMPLOYMENT	EDUCATION
<input type="checkbox"/> Discharge Upgrade	<input type="checkbox"/> Consumer Debt/Bankruptcy	<input type="checkbox"/> Denial/Termination	<input type="checkbox"/> Homeless Issues
<input type="checkbox"/> Food Stamp/SNAP	<input type="checkbox"/> Credit Report Dispute	<input type="checkbox"/> Wages/Benefits/Pension	<input type="checkbox"/> Special Educator
<input type="checkbox"/> General Assistance	<input type="checkbox"/> Credit Report Request	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Medical Assistance	<input type="checkbox"/> Identity Theft		
<input type="checkbox"/> Other Benefits	<input type="checkbox"/> Rent Rebate/Tax Return	RECORDS	MISCELLANEOUS
<input type="checkbox"/> Other Benefits - Child	<input type="checkbox"/> Student Loan	<input type="checkbox"/> Amend Birth Certificate	<input type="checkbox"/> Criminal
<input type="checkbox"/> SSI/SSDI	<input type="checkbox"/> Utilities	<input type="checkbox"/> Delayed Birth Certificate	<input type="checkbox"/> Expungment
<input type="checkbox"/> SSI-Child	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Immigration Record	<input type="checkbox"/> Housing Committee
<input type="checkbox"/> TANF		<input type="checkbox"/> Out-of-State Birth Certificate	<input type="checkbox"/> Name Change
<input type="checkbox"/> VA Health Care	HOUSING	<input type="checkbox"/> PA Birth Certificate	<input type="checkbox"/> Small Claims
<input type="checkbox"/> Veterans Compensation	<input type="checkbox"/> Emergency/Transitional	<input type="checkbox"/> VA Record	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Veterans Pension	<input type="checkbox"/> Judgement Relief	<input type="checkbox"/> Other Records: _____	
	<input type="checkbox"/> Landlord/Tenant		
	<input type="checkbox"/> Real Estate/Housing Info	ESTATE/TRUST	
FAMILY	<input type="checkbox"/> Subsidized Housing	<input type="checkbox"/> Estate Administration	
<input type="checkbox"/> Child Custody	<input type="checkbox"/> Security Deposit /Property	<input type="checkbox"/> Will/Advance Directive/POA	
<input type="checkbox"/> Child Support	<input type="checkbox"/> Supportive Housing	<input type="checkbox"/> Tangled Title	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____		

**BRIEF STATEMENT OF THE PROBLEM:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VOLUNTEER INFORMATION**

Volunteer #1 Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Volunteer #2 Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_