

Office Use Only:

### WAM Intake Form

**OFFICE USE ONLY**

Entered In Computer \_\_\_\_

Follow-Up Card Made \_\_\_\_

**NEGATIVE AMOUNT \$**

**ALL questions must be answered to be considered for help**

Intake Worker's Name

Date

Need

**First name**

**Middle Initial**

**Last Name**

**Phone ( ) -**

Have you or your family ever been assisted by WAM before? (Circle Yes or No)  
**YES NO**

**DOB:**

**SSN:**

**Address:**

**Name, Age and Sex of Children in Household:** M F

**City:**

**Zip Code**

**Spouse's/Partner's Name:**

**SSN:**

How did this situation come about?

Has this situation happened before? How did you handle it?

If new client, how did you hear about WAM Network? Did anyone refer you? If so, who?

Have you contacted your family regarding your needs? YES NO

What help were they able to offer? If not able to help, why?

Last Name

First Name

# WAM Intake Form

## Financial Information

<b>MONTHLY INCOME</b>			
<b>Income Source</b>	<b>Client</b>	<b>Spouse</b>	<b>Frequency</b>
Employment/Wage			
Social Security (SS)			
Disability SS (SSI)			
Disability Insurance (SDI)			
Veteran's Benefits			
Unemployment			
Food Stamps			
ADC/OWF/TANF/Welfare			
Child Support			
Family Assistance			
Utility Allowance from Section 8 housing or JFS			
Pension			
Other Income			
<b>Total Income</b>			
<b>MONTHLY EXPENSE</b>			
<b>Expense</b>	<b>Amount</b>	<b>Account #/Notes</b>	<b>Date Due</b>
Rent/Mortgage			
Food			
Electricity			
Gas			
Other Utilities			
Phone			
Car Payment			
Insurance			
Gasoline/Bus			
Medical			
Child Care (not Child Support)			
Other (Rent A Center, etc.)			
Other(loans, credit cards, etc.)			
<b>Total Expenses</b>			

## WAM Intake Form

<b>Name of Apt. Complex</b>	<b>Owner/Manager</b>	<b>Phone Number:</b>	
<b>Rent \$</b>	<b>Amount Owed \$</b>	<b>Due Date</b>	<b>Eviction Notice YES   NO</b>
<b>Willing to work with client on payment arrangements? YES   NO</b>			
<b>Comments</b>			

**Do you have a case manager or other professional available to assist?**

<b>Caseworker Name</b>	<b>Caseworker Phone</b>	<b>Organization</b>
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### Church Information

<b>Name of Church</b>	<b>If No Church, Denomination Preferred</b>
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**Have you contacted the church for help? YES   NO**  
**If no what is the reason**

**If yes were they able to help? YES   NO**

<b>Help received</b>	<b>Date</b>
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<b>Date</b>	<b>Intake Worker</b>	<b>Call Status</b>
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**What transportation do you have available?**

## WAM Intake Form

Are you employed? YES <input type="checkbox"/> NO <input type="checkbox"/> If not, how long have you been unemployed and why?			
Employer	Job Title	Hours/Week	\$/Hour or Salary
Supervisor		Phone	How Long Employed
Previous Employer	Job Title	Hours/Week	\$/Hour or Salary
Supervisor	Phone	How Long Employed?	
Is your spouse or anyone else in the household employed? YES <input type="checkbox"/> NO <input type="checkbox"/> If not, how long have they been off work? Reason for no longer working?			
Spouse's Employer	Job Title	Hours/Week	\$/Hour or Salary
Supervisor		Phone	How Long Employed
Spouse's Previous Employer	Job Title	Hours/Week	\$/Hour or Salary
Supervisor		Phone	How long employed
<b>Verification</b>			
Date	Intake Worker	Call Status	
Reason no longer employed: Quit <input type="checkbox"/> Laid Off <input type="checkbox"/> Fired <input type="checkbox"/> Other <input type="checkbox"/> @			
Do you own or rent your home? Own <input type="checkbox"/> Rent <input type="checkbox"/>		How long have you lived there?	
Are you planning to move anytime soon? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, where and why?			
Current Name of Complex	Landlord's Name	Phone	
<b>Verification</b>			

**PLEASE READ AND SIGN BELOW**

**WOOD COUNTY AREA MINISTRIES (WAM) IS A VOLUNTEER STAFFED, BOWLING GREEN CHURCH-BASED NETWORK THAT RELIES ON DONATION OF TIME AND MONEY TO PROVIDE FINANCIAL ASSISTANCE. WE STRIVE TO HELP IN A TIMELY MANNER, BUT WE MAY NOT BE ABLE TO MEET ALL CRISIS NEEDS. INCOMPLETE REQUESTS WILL DELAY OUR ABILITY TO WORK WITH YOU**

**I AUTHORIZE WOOD COUNTY AREA MINISTRIES TO SHARE INFORMATION RELATED TO MY REQUEST FOR FINANCIAL ASSISTANCE WITH ANY PARTY OR AGENCY NECESSARY TO FACILITATE MY REQUEST FOR ASSISTANCE.**

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**Print First Name**

**Middle Initial**

**Last Name**

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**Address**

**City/State/Zip**

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**Signature**

**Date**