



# Baldwin County Commission



## Client Care Program Client Intake Worksheet

Basic Information					
<b>NOTE:</b> Client information listed must match client identification			<input type="checkbox"/> This is a non-resident primary client		<input type="checkbox"/> Emancipated Minor
<b>*First Name</b>		<b>*Last Name</b>		<b>MI</b>	<b>SUFF</b>
<b>*Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Declined to Answer <input type="checkbox"/> Other			<b>Military Affiliation:</b>		
<b>*Client Condition:</b> <input type="checkbox"/> N/A <input type="checkbox"/> Injured <input type="checkbox"/> Hospitalized			<b>Client would like to speak to someone about:</b> <input type="checkbox"/> DHS <input type="checkbox"/> DMH <input type="checkbox"/> DSC		
Pre-Disaster Address					
<b>*House Number, Street (123 Main Street)</b>		<b>*Unit/Apt</b>	<b>*City</b>	<b>*County</b>	<b>*State</b>
<input type="checkbox"/> This location does not have a traditional address (Ex: RV Camper at Main and Northwest 5 <sup>th</sup> Street, Foely, Baldwin County, AL, 36530)					
Primary Client Contact Information					
<b>Email</b>		<b>Phone</b>		This is a: <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Landline Phone	
				Can this number receive SMS/Text Messages? <input type="checkbox"/> Y <input type="checkbox"/> N	
				Do you have access to the internet? <input type="checkbox"/> Y <input type="checkbox"/> N	
<b>What is the client's preferred communication method?</b> <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Phone Call					
Event Information					
<b>*Event Date:</b>		<b>*Event Type:</b>		<b>Storm Name</b>	<b>Shelter Location</b>
Household Members					
<b>*First Name</b>		<b>*Last Name</b>		<b>MI</b>	<b>*DOB</b>
				<b>*Relationship to Primary Client</b>	
				<input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Child <input type="checkbox"/> Parent	
				<input type="checkbox"/> Grandparent <input type="checkbox"/> Relative <input type="checkbox"/> Other	
<b>*Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Declined to Answer <input type="checkbox"/> Other			<b>Military Affiliation:</b>		
<b>*Client Condition:</b> <input type="checkbox"/> N/A <input type="checkbox"/> Inj. <input type="checkbox"/> Hosp. <input type="checkbox"/> Missing <input type="checkbox"/> Deceased			<b>Client would like to speak to someone about:</b> <input type="checkbox"/> DHS <input type="checkbox"/> DMH <input type="checkbox"/> DSC		
<b>*First Name</b>		<b>*Last Name</b>		<b>MI</b>	<b>*DOB</b>
				<b>*Relationship to Primary Client</b>	
				<input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Child <input type="checkbox"/> Parent	
				<input type="checkbox"/> Grandparent <input type="checkbox"/> Relative <input type="checkbox"/> Other	
<b>*Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Declined to Answer <input type="checkbox"/> Other			<b>Military Affiliation:</b>		
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<b>*First Name</b>		<b>*Last Name</b>		<b>MI</b>	<b>*DOB</b>
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<b>*Client Condition:</b> <input type="checkbox"/> N/A <input type="checkbox"/> Inj. <input type="checkbox"/> Hosp. <input type="checkbox"/> Missing <input type="checkbox"/> Deceased					



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Household Needs			
<b># of Clean-up Kits:</b> ____ <b># of Blankets:</b> ____ <b># of Bottled Water:</b> ____ <b>Other</b> _____			
Identification and Address Confirmation			
<b>*Number of Responders who confirmed damage:</b>		<b>*Number of Responders who confirmed ID/Address:</b>	
<b>*Responder 1 Name:</b> _____ <b>VCN#</b> _____ <b>Email:</b> _____		<b>Responder 2 Name:</b> _____ <b>VCN#:</b> _____ <b>Email:</b> _____	
<b>*ID Type:</b> <input type="checkbox"/> DL <input type="checkbox"/> Gov Doc <input type="checkbox"/> Neighbor <input type="checkbox"/> Fire/Police <input type="checkbox"/> Letter/Utility Bill <input type="checkbox"/> Other		<b>*DL/ID Card Details</b> State: ____             Last 4 Digits: ____ ____             Expiration Date: __ / __	
<b>ID/Address Confirmation Details</b> <i>(if not ID Card Type)</i>		<i>Name/Phone # of Neighbor:</i> <i>Name of Badge # and Phone # of Fire/Police:</i> <i>Last 4 Digits and Expiration of Military ID:</i>	
<b>*Damage Assessment Classification</b>			<b>How was damage confirmed?</b> <i>(video chat, drive-by, FD/PD, Duty Officer)</i>
<input type="checkbox"/> Destroyed <input type="checkbox"/> Major <input type="checkbox"/> Uninhabitable <input type="checkbox"/> Minor <input type="checkbox"/> Affected <input type="checkbox"/> No Visible Damage			
<b>Language Spoken in Household:</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other			
Alternate Contact Information			
Full Name	Email	Phone	Relationship to Primary Client
Consent to Share Information			
<b>*General:</b> <input type="checkbox"/> Y <input type="checkbox"/> N		"If you choose this option, we may share your information with any person or organization that may be able to support your recovery. This includes non-profit organizations, your landlord, or your insurance company, but it does not include government."	
<b>*Medical Providers:</b> <input type="checkbox"/> Y <input type="checkbox"/> N		"If you choose this option, we may share your information with medical providers and/or pharmacies."	
<b>*Government:</b> <input type="checkbox"/> Y <input type="checkbox"/> N		"If you choose this option, we may share your information with local, state, and/or federal agencies and the programs they administer in order to support your recovery"	
Final Confirmation and Attestation by Client			
<b>*Does the client confirm that all of the information they have given throughout the application is true, complete, and accurate?</b>			<input type="checkbox"/> Y <input type="checkbox"/> N
<b>*Does the client accept financial assistance?</b>			<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Agency:</b>		<b>Type of Assistance:</b>	
<b>Agency:</b>		<b>Type of Assistance:</b>	