

St Clement Conference , Calhoun GA									
Case Record Form					Case #:		Date:		
	First Name	Middle	Last Name	Maiden Name	Last 4 digit of Social Security.	Date of Birth	Gender	Race	
Client									
Spouse/Other Adult:									
Address:				Email Address:			Telephone:		
County				Marital Status:	Single	Married	Widowed	Divorce	
How long here?					Unmarried Couple	Separated	Deserted	Unknown	
Offical Use Only Home visit    Yes    No    Miles:    Duration:									
Household Consist of				Other Information		Race/Ethnicity Key			
Children name	Birthday	Gender	Race	Employer Name		Asian(A)	Black/African America (B/AA)	White / Caucasian (C)	
						Hispanic / Latino (H/L)	Alaskan / Anative American Indian (AI)	Native Hawaiian/Pacific Islander(PI)	
				Full time	Partime	Mixed/Other			
				How long Employed		Church Affiliation (optional)			
Others:				Previous Employer		Helped by SVDP Before		Yes	No
				How long Employed		When:			
Total number of People (in household)									

Medicare		Medicaid		Food Stamps/ SNAP		Veteran		WIC	
Yes	NO	Yes	NO	YES	NO	YES	NO	YES.	NO
Income		Monthly Amount		Expenses		Monthly Amount	Outstanding Bills	SVDP help given	
Alimony				Alimony					
Child Support				Cable / Satelite / Internet					
Employment				Child Care					
Food Stamp/SNAP				Child Support					
Retirement / Pension				Electricity					
Section 8				Food					
Social Security				Insurance (Auto, Health, Dental etc.)					
Spouse / Room-mate Employment				Loan / Credit Card					
SSI, SSD				Natural Gas / Propane					
TANF (AFDC)				Prescription / Medical					
Unemployment				Rent / Mortgage					
Veteran Benefits				Telephone / Cell					
Worker Compensation				Transportation / Car Payment					
				Water / Sewer / Trash					
Others:				Other					
Agencies applied to within the last 12 mont (Please give info on all that apply):									
Name of Agency		Purpose of Request				Amount Given		Date	
Client		Date:		(Permission to log /release/verify info.					
Referred by:									

Casework Name			Time		Milliage			
Underlying causes (Mark all that apply)								
Addiction	Child Aabadnoment	Domestic Violence	Immigration Status	Lack of Affordable Housing	Lack of Budgeting Knowledge	Lack of Education	Lack of Family support	Lack of Knowledge of Resources
Lack of post-prision support	Lack of Public Transportation	Limited Job Opportunities	Low Federal Benefit	Low Wages	Poor Health/ Medical Needs	Single Parent Family	Slow SSI Approval	Unfair lending Practices
Please provide a brief summary information extenuating circumstances or supporting comments on <b>why assitance is needed</b> :								
Notes from follow up call								
Date:								
Purpose of Request: Please indicate all that apply:								
Clothing		Rent / Mortgage			Specify Other			
Food Groceries		Utilities						
Furniture		Other						
How was this need taken care of in the past? (Mark all that apply)								
Alimony		HUD/Assisted Living			Social Security			
Child Support		Medicaid			SSI, SSD			
Employment		Retirement			TANF (AFDC)			
Food Stamp/ SNAP		Section 8			Unemploy-ment			
Other(Specify):					Veteren Benefits			

Caseworkerto fill out below information							
Check request				Check request			
Assistance Type				Assistance Type			
Check Amount				Check Amount			
Vendor Name				Vendor Name			
Mail Check to				Mail check to			
Check Number	Check date	Check Mailed On	Check Delivered to	Check Number	Check date	Check Mailed On	Check Delivered
SVDP Assistance							
Specify all type assistance Client received:							