SSP PARTICIPANT INTAKE, ENROLLMENT & NEEDS ASSESSMENT

[PROJECT NAME]

Staff Name: Date:

|  |  |  |  |  |  |  |  |  |
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| **Information Requested** | **Participant Response** | | | | | | | **Staff Notes/Comments** |
| Participant Name |  | | | | | | |  |
| AKA  *(Also Known As)* |  | | | | | | |  |
| Date of Birth  *(Month-Date-Year)* |  | | | | | | |  |
| Client Referral Source:  *(Who referred the participant to [Organization/Project Name]?* |  | | | | | | |  |
| Participant Unique Identifier  *Combination of 8 digits and letters* |  |  |  |  |  |  |  |  |
| *For initial intake, follow instructions for creating Participant Unique Identifiers (see below)* | | | | | | |
| Health Insurance |  | | | | | | |  |
| Health insurance benefits received currently |  | | | | | | |  |
| Public benefits currently received |  | | | | | | |  |
| Community services currently received |  | | | | | | |  |
| Contact Information | Residential Address:  City:  State:  Zip Code:  Phone Number:  Email Address: | | | | | | |  |
| Emergency Contact Information | Name:  Relationship:  City:  State:  Zip Code:  Phone Number:  Email Address: | | | | | | |  |
| Gender Identity  *(At Intake)* | * Male (M) * Female (F) * Transgender (T) * Non-Binary (N) | | | | | | |  |
| Preferred Pronouns  *(Check one. If response is ‘Other’, explain in NOTES)* | * She/Her/Hers * He/His/Him * They/Them/Theirs * Other | | | | | | |  |
| Race  *(Check one. If response is ‘Other’, explain in NOTES)* | * Black/African American * White/Caucasian * Asian/Pacific Islander * Native American/Indigenous * Mixed * Other: | | | | | | |  |
| Ethnicity  *(Check one)* | * Hispanic * Non-Hispanic | | | | | | |  |
| Preferred Language |  | | | | | | |  |
| Physical Description |  | | | | | | |  |
| Current Housing Situation |  | | | | | | |  |
| Housing History & Needs |  | | | | | | |  |
| Substance Use History |  | | | | | | |  |
| Mental Health History & Needs |  | | | | | | |  |
| Other Supportive Service Needs |  | | | | | | |  |

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