



Data Entry — Tenant Hotline Database

Go to old layout

Client:

Primary Intake

Fields for Staff

Bolded/Highlighted fields are REQUIRED to be filled!

Date



Shift

☐ 1

☐ 2

☐ 3

Volunteer Name:

Tenant Info

First Name

Last Name

Address

Apt #

City

County

ZIP Code

Primary #

Ext

Secondary #

E-Mail

Best method of contact?

Referred By?

Demographics

Gender

Household Size

Race/Ethnicity

Adults

B: Af. Am, W: White, S: Asian,

H: Hispanic, I: Native Am., O: Other,

U: Unknown/Did not answer

Children

Income Level

Annual Income

Public Assistance

Subsidized Housing

Apartment/Landlord Info

Rent

Complex

Deposit

Landlord

Ct. File

Mgmt Co

Ct. Date

Contact

Phone

Issue / Advice

Problem 1

Problem 2

Notes

Recommended Action

Outcome Summary

Referred to Legal Aid: ☐

Spanish speaking only: ☐

Somali speaking only: ☐

Hotline Filing #