**TeenLine Brief Intake**

*IRIS – date entered\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Inital\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Improve - date entered\_\_\_\_\_\_\_\_\_\_\_Initial\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of First Visit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number/email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

Do you currently live in a safe and stable housing situation? **Y N**

**Optional Questions**

Gender: Race and Ethnicity:

Sexual Orientation: Preferred Language Spoken:

How did you hear about our services?

What services are you interested in? **Please Check**:

€ Food Pantry € Employment Assistance € Emergency Housing

€Hygeine Products € Condoms € Education Assistance

€ Housing Assistance € Connection to Counseling € Food Assistance

€ Community Service/Volunteering € General Support € Assistance with Health Issues

€ Assistance Obtaining an ID € Banking/Budgeting Assistance € Transportation Assistance

€ Clothing € Other:

**For staff use only below this line**

For each service checked, please describe how the need was addressed.

Need Service Plan

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