

Northwest Project Follow Up Client Intake

1. Name: _____ DOB: _____ Date: _____
2. Address: _____ City: _____ State: _____ Zip: _____
3. Mobile Phone: _____ Home Phone: _____
Alternate Phone: _____
4. Email address: _____
5. Preferred Method of Contact: ☐ Mobile ☐ Home phone ☐ Email ☐ Text
6. Are you still a resident of your initial neighborhood? ____ yr ____ mo
7. What is your major goal for becoming self-sufficient? ☐ Employment ☐ Education ☐ Other _____
8. **Employment:** Are you currently employed? ☐ Yes ☐ No ☐ Disabled ☐ Retired ☐ Temporary/Seasonal
 - a. If employed: ☐ Full-time ☐ Part-time
 - b. Employer: _____
 - c. Position: _____
 - d. Hours worked per week _____ (Average number of hours per week last 30 days)
 - e. Monthly wage: \$ _____ (Circle Leader only - Earned income before taxes and withholdings)
 - i. If you are not currently employed, are you eligible to work? ☐ Yes ☐ No
 - f. How many jobs have you had in the last 6 months? _____
8. **Tax Credit:** Do you file 1040 tax return for last calendar year? ☐ Yes ☐ No
 - a. Last calendar year's adjusted gross income (from 1040 tax return) \$ _____
 - b. Do you currently receive earned income tax credit? ☐ Yes, Amount \$ _____ ☐ No
9. Child Support:
 - a. eligible, no income benefit
 - b. eligible, partial or irregular income
 - c. eligible, receives full amount of income ordered
 - d. not eligible/not applicable
10. Are you currently registered to vote? *Place a check by the best answer:* ☐ Yes ☐ No ☐ Not eligible to vote
 - a. Do you vote for local elections? (*i.e. ballot issues, mayor, city council*) ☐ Yes ☐ No
 - b. Do you vote for state elections? (*i.e. governor, representative/senators*) ☐ Yes ☐ No
 - c. Do you vote for national elections? (*i.e. president, congressional reps and senators*) ☐ Yes ☐ No

HEALTH/WELLBEING

11. Has a medical clinician told you that you have... [10]	Yes	No	Change/Treatment
...high blood sugar?			
...diabetes? If yes, Type 1: _____ Type 2: _____ Gestational: _____			
...pulmonary disease (COPD/asthma)?			
...elevated blood pressure? Gestational: _____			
...mental health diagnosis?			

Do you use tobacco products?			
Do you drink alcohol? On average, how many drinks per week? _____			

12. Height _____ (in) Weight _____ (lb) [Calculate BMI _____] [10]

13. Do you have any type of health insurance or health coverage? ☐ Yes ☐ No [10]

If yes, what type of health coverage do you have?

- ☐ Employer-provided coverage
- ☐ Individually Purchased Private Health Plan
- ☐ Individually Purchased through Affordable Health Care Act (Healthcare.gov)
- ☐ Government Sponsored Health Plan [Medicare, Medicaid, Veterans Health Administration]
- ☐ Other _____

14. Do your children have health insurance coverage? ☐ Yes ☐ No [10]

- ☐ Employer-provided coverage
- ☐ Individually Purchased Private Health Plan
- ☐ Individually Purchased through Affordable Health Care Act (Healthcare.gov)
- ☐ Government Sponsored Health Plan [Medicare, Medicaid, Veterans Health Administration]
- ☐ Other _____

15. Does your spouse/significant other have health insurance coverage? ☐ Yes ☐ No [10]

- ☐ Employer-provided coverage
- ☐ Individually Purchased Private Health Plan
- ☐ Individually Purchased through Affordable Health Care Act (Healthcare.gov)
- ☐ Government Sponsored Health Plan [Medicare, Medicaid, Veterans Health Administration]
- ☐ Other _____

16. Do you have a primary care physician? ☐ Yes ☐ No [10]

17. Do your children have a primary care physician? ☐ Yes ☐ No [10]

18. Where do you seek medical treatment? ☐ ER ☐ Urgent Care ☐ Primary Care ☐ Free Clinics [10]

Circle the best answer: [10]

19. How would you describe your current health?	Excellent	Very good	Good	Fair	Poor
20. How happy are you?	Very Happy	Happy	Neutral	Unhappy	Very unhappy

Circle the best answer: [5]

21. Is a household member currently in jail?	No	Yes	Resolved/Update
22. Have you been convicted of a crime in the last six months?	No	Yes	
23. Any current need for resolution of criminal background?	No	Yes	Resolved/Update
24. Any current need for resolution of legal matters? (i.e. adoption, divorce)	No	Yes	Resolved

Circle any of the following you have ever used:	Cocaine/crack/speed	Meth	Marijuana	Heroin/Opiates	Other
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25. When was the last time you used?					
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Social Capital and Civic Engagement Questionnaire

26. As of today, I have a written plan for how I am going to reach my goals and become self-sufficient	Yes	No
27. As of today, I have a budget and savings plan to help build my assets.	Yes	No
28. As of today, I have a safe and stable place to live.	Yes	No
29. Generally speaking, would you say that most people can be trusted or that you need to be very careful in dealing with people?	Most people can be trusted	You can't be too careful
30. Are there people in your life whom you trust and can count on for emotional or moral support? If yes, how many? _____ How many of these people would be able to help you in times of financial trouble? _____	Yes	No
31. Are there people in your life who have served as mentors or have guided you to resources such as a job opportunities, clubs, and legal services?	Yes	No
32. How many of these people do you currently know and can reach out to?		

33. I trust the following people:	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Disagree
...people in your neighborhood					
...the police in your community					
...local government					

34. In the past 6 months, how many times have you...	Never	#
Worked on a neighborhood project?		
Worked with neighbors in Grant Beach to improve or fix something?		
Volunteered?		
Attended any public meeting in which there was a discussion of neighborhood concerns/development?		
Attended a public meeting in which there was a discussion about schools or education?		
Attended a political meeting or rally? (inflated d/t election year)		
Had friends over to your home?		
Been at friend's home?		

Had a friend from a different race over to your home?		
Been in the home of a friend of a different race?		
Been in the home of someone from a different neighborhood?		
Had someone from a different neighborhood in your home?		

35. In the past 6 months, have you...			
Donated food, clothing, or other goods to an individual or organization?	Yes	No	N/A
Received food, clothing, or other donated goods?	Yes	No	N/A
Obtained a car?	Yes	No	N/A
Obtained a better paying job?	Yes	No	N/A
Paid off credit card bill or pay day or title loan?	Yes	No	N/A
Opened or added money to a savings account?	Yes	No	N/A
Examined your credit score? (Score: _____)	Yes	No	N/A

36. Do you belong to any organization in your neighborhood (i.e. neighborhood association, PTA/PTSA, etc).

☐ Yes ☐ No If yes, what is the name of the group/organization? _____

37. Do you currently serve as an officer or serve on a committee for a local club or organization?

☐ Yes ☐ No

If yes, what is the name of the group/organization? _____

38. IMMEDIATE NEIGHBORS These are the 10 or 20 households closest to you. About how often do you talk to or visit with your immediate neighbors? ☐ Daily ☐ Weekly ☐ Monthly ☐ Yearly ☐ Never

39. Overall, how would you rate your neighborhood as a place to live?

☐ Excellent ☐ Good ☐ Fair ☐ Poor

40. How much impact do you think you can have in making your neighborhood a better place to live?

☐ No impact ☐ A small impact ☐ A moderate impact ☐ A big impact

41. The people running my community care about what happens to me	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
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42. What is your religious/spiritual preference? _____

43. Are you a member of a local church, synagogue, mosque or other religious congregation?

☐ Yes ☐ No

If yes, what is the name of the church/place of worship that you attend? _____

44. Not including weddings and funerals, how often do you attend religious services?

☐ Every week
☐ Almost every week

- ☐ Once or twice a month
- ☐ A few times per year
- ☐ Not at all

45. **Highest Degree Earned:**

- ☐ Less than high school, last grade completed _____
- ☐ High school diploma (or equivalent, HiSET)
- ☐ Some college or technical training, incomplete
- ☐ Completed technical training (CNA, cosmetology, auto mechanic, etc)
- ☐ Associate's Degree (2-year degree) _____
- ☐ Vocational Training _____
- ☐ Bachelor's Degree (4-year degree) _____
- ☐ Master's Degree _____
- ☐ Professional Degree _____

46. Have you completed an educational or training program in the last 6 months? ☐ Yes ☐ No

47. Currently enrolled in education? ☐ Yes ☐ No

- a. Education Institution Name: _____
- b. What are you studying? _____
- c. How long does the program last? _____ (months) _____ (years)
 - i. How much have you completed? ☐ Up to 25% ☐ 26-50% ☐ 51--75% ☐ 76-99%

48. Marital Status: ☐ Married ☐ Divorced ☐ Widowed ☐ Single (never married) ☐ Separated

Current Members of Household:

Name	Relationship	Age
Total Number of People in Household		

- a. Do you have any children living outside the home? ☐ Yes ☐ No If yes, _____

49. **Parenting:** In the last three years, you ever completed a parenting program? ☐ Yes ☐ No
(Pregnancy ABC's; 1-2-3 Magic; Love & Logic; Triple P—Positive Parenting Program; etc.)

- a. If yes, which program?

50. **Quality Childcare:** Are your children (2+ years old) currently in accredited child care/after school care? ☐ Yes ☐ No

- a. If yes, please explain:

Child/Children:	Care Provider:
Child/Children:	Care Provider:
Child/Children:	Care Provider:

51. **Affordable/Stable Housing:**

- d. Do you currently have stable housing? ☐ Yes ☐ No
 - i. If yes, do you own or rent? ☐ Own ☐ Rent
- e. Do you receive Rent Rebate: ☐ Yes ☐ No
- f. Do you currently receive public housing assistance (HUD or other)? ☐ Yes ☐ No
- g. Do you currently receive private subsidized housing assistance? ☐ Yes ☐ No
- h. Do you use section 8 voucher? ☐ Yes ☐ No

52. **Transportation:** Do you have reliable transportation? ☐ Yes ☐ No

- i. If yes, what are your methods of transportation?
☐ Bus ☐ Car/Personal Vehicle ☐ Other _____
- i. If no, possible to obtain reliable transportation in 60 days? ☐ Yes ☐ No

53. Do you have auto insurance coverage required by the state of Missouri? ☐ Yes ☐ No

54. Do you have a valid ID or driver's license? ☐ Yes ☐ No

- j. If no has it been ☐ revoked ☐ lost ☐ suspended
 - i. If revoked/suspended, please explain: _____

55. Are you a part of a matched Circle? ☐ Yes ☐ No

- a. How many allies? _____

56. During the last six months have you attended at least two weekly meetings each month? ☐ Yes ☐ No

57. During the last six months have you worked with an Ally for resume assistance, financial advice, tutoring, etc? ☐ Yes ☐ No

Goals I have set for the next six months to become more economically stable.

Goals I have accomplished in the past six months through my involvement with Circles Springfield.

Northwest Project Budget

Income, assistance, assets, debt, and expenses.

Include information for ALL members of the household

Income

Monthly Amount

All sources of earned income for last 30 days

\$ _____

Child support received for last 30 days.

\$ _____

Any social security benefits (SSI, SSDI) last 30 days

\$ _____

Military Pensions or VA Benefits last 30 days.

\$ _____

Other (family, friend, etc)

Benefits

Monthly Amount

Food Stamps (SNAP/WIC) last 30 days.

\$ _____

Public Cash Assistance last 30 days.

\$ _____

Unemployment benefits last 30 days

\$ _____

Other Public benefits last 30 days

\$ _____

Educational Benefits

Monthly Amount

Pell Grant/Scholarship (Prorated by month)

\$ _____

Student Loan as income source (Prorated by month)

\$ _____

Military/Veterans Education (Prorated by month)

\$ _____

Work Assistance Program

Monthly Amount

Daycare

\$ _____

Transportation

\$ _____

Other _____

\$ _____

Assets

Total Amount

Checking Account(s) balance

\$ _____

Savings Account(s) balance

\$ _____

Individual Development Account (IDA)

\$ _____

Other Investments

\$ _____

*Stocks, bonds, retirement or investment accounts. **Home/Mobile home/Land.** When recording home asset report only difference between value of home and what is owed (**Equity**) **Auto – equity** of all vehicles (kellybluebook.com to determine value) **Other – equity** of any asset over \$1,000 (i.e. motorcycle, RV, Boat)*

Include information for ALL members of household.

Expenses	Monthly Amount	Debt	Past Due
Rent/Mortgage			
Rent to Own			
City Utilities			
Cable			
Phone			
Internet			
Prescriptions			
Food			
Car payments			
Transportation (i.e., insurance, gas, bus)			
Personal expenses (toiletries, household)			
Entertainment			
Medical Insurance			
Tobacco			
Alcohol			
Child Support			
Credit Card			
Medical			
Student Loans			
Personal Loans			
Payday Loans			
Car Loans			
Legal judgment			
Other			