

**Chattanooga Coronavirus Eviction Prevention Initiative: Case Management Intake Form**

**Client's Full Name:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

DOB: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Secondary: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Client Phone number: \_\_\_\_\_ Best time to contact: \_\_\_\_\_

Attorney Assigned: \_\_\_\_\_

Housing Navigator Assigned: \_\_\_\_\_

Case Manager Assigned: \_\_\_\_\_

Attorney Contact Status/Court Date:

\_\_\_\_\_

Housing Navigator Contact Status: \_\_\_\_\_

Housing Status: \_\_\_\_\_

Length of time at current residence: \_\_\_\_\_

Eviction Status/History:

Client Employment Status (Full-time/Part-time/Unemployed):

Client Employer, if applicable:

Length of time employed with current employer, if applicable:

Monthly Income Prior to Covid-19:

Current Monthly Income:

Did the client receive a stimulus check?

**Household**

Number of individuals living in the home:

Does anyone living with client have a source of income? If yes, what is the source/how much?

Has the client or anyone in the household been convicted of a felony?

Children/Dependents:

<u>Name</u>	<u>DOB</u>	<u>Relationship</u>
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Does the client and/or her children have health insurance/TennCare?

Does the client have a section 8 voucher?

If not, has the client ever participated in the section 8 housing voucher program?

Does the client receive Food Stamps? If yes, how much?

Does the client currently receive:

SSDI: Amount:

Unemployment: Amount:

Child Support: Amount:

**Psychosocial Factors**

Have there been any significant changes in the client's home or life over the last few years?

What does the client feel are the primary stressors in their life currently?

What does the client feel are their strengths?

What does the client feel are their weaknesses?

Has the client received mental health counseling in the past?

Has the client or the client's children, if applicable, experienced any medical problems or mental health issues that are impacting their life?

Is the client or client's children, if applicable, able to currently access any medical or mental health services they need?

Is there anyone in the client's life who they feel they can rely on for support?

What are the client's goals/skills?

What are the client's primary needs/concerns?