



Powered by Pride & Potential

## JumpStart Services

### Intake Form

Funded by the Albany for All – American Rescue Plan Act

#### Albany Resident Information

Date of intake \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

Preferred method of contact  Phone  Text  Email

Birthdate \_\_\_\_\_ Country of birth  United States  Other

#### Parent or Legal Guardian Information (if resident is younger than age 18)

##### Guardian #1

##### Guardian #2

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_

Home phone \_\_\_\_\_

Mobile \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

#### Emergency Contact or Preferred Contact for Additional Information (optional)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

Relationship to resident \_\_\_\_\_

#### Referring Individual Information

Self-referred

Referring Individual Name \_\_\_\_\_

Referring Organization \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

Is the resident aware of this referral?  Yes  No

If needed, can you help facilitate contact?  Yes  No

#### Reason for Referral

Indicate the reason for the referral or the participant's request for services.

(over)

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## Participant Demographics

The following information is requested for data collection purposes only.

**Gender:**  Male  Female  Nonbinary  Declined

**Race:**  African American/Black  Asian  American Indian or Alaska native  Caucasian/white  Hispanic  
 Native Hawaiian or Pacific Islander  Declined

**Ethnicity:**  Hispanic/Latino  Not Hispanic/Latino  Declined

**Primary language(s), participant:**  English  Spanish  Other (specify)  Participant is an English language learner

**Primary language(s), household:**  English  Spanish  Other (specify)

**Living arrangement** (check all that apply):  Rent  Own home  Facing eviction  Homeless, sheltered  
 Homeless, living with friends or relatives

### Technology

Electronic devices at home:  Smart phone  Other (specify) \_\_\_\_\_

Do you have WiFi at home?  Yes  No

## Social Determinants of Health (check all that apply or write "D" if client has declined to answer)

### Housing

What is your housing situation today?

- I do not have housing  
 I have housing today, but I am worried about losing housing in the future  
 I have housing

Think about the place you live. Do you have problems with any of the following? (check all that apply)

- Bug infestation  Lead paint or pipes  Water leaks  
 Inadequate heat  Oven or stove not working  
 No or not working smoke detectors  Mold  
 None of these

### Food

Within the past 12 months, you worried that your food would run out before you got money to buy more.

- Often true  
 Sometimes true  
 Never true

Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

- Often true  
 Sometimes true  
 Never true

### Transportation

In the past 12 months, has lack of transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?

- Yes, it has kept me from medical appointments or getting medications  
 Yes, it has kept me from non-medical appointments, school, work, or shopping.  
 No

### Child Care

Has lack of child care affected your ability to work, attend school or keep appointments?

- Yes  
 No

### Utilities

In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?

- Yes  
 No  
 Already shut off

### Employment and Education

Do you want help finding/keeping a job?

- Yes  
 No

Do you want help with school or training?

- Yes  
 No

### Personal Health

Are you able to receive medical care when needed?

- Yes  
 No

Have finances prevented you from seeking/receiving:

- Health care  Yes  No  
 Dental care  Yes  No  
 Eye care  Yes  No  
 Mental health care  Yes  No  
 Substance abuse services  Yes  No

### Personal Safety

Do you feel safe in your home/apartment?

- Mostly  
 Sometimes  
 Rarely (specify reason) \_\_\_\_\_

Do you feel safe in your neighborhood?

- Mostly  
 Sometimes  
 Rarely (specify reason) \_\_\_\_\_

Do you have an urgent housing, food, safety, or medical need?

- Yes (specify) \_\_\_\_\_  
 No

**Other Services Providers** (optional)

Service Provided	Contact Name	Phone Number

**Action Plan**

- 1.
  
- 2.
  
- 3.

**Consent to Receive Services and Clients Rights Information**

Check documentation received:

- Your Rights, Your Voice brochure  
  Privacy Practices  
  JumpStart brochure

\_\_\_\_\_

*Participant signature*

\_\_\_\_\_

*Date*

\_\_\_\_\_

*JumpStart Community Resource Advocate*

\_\_\_\_\_

*Date*