URBN MANSION

Community Assistance Client Intake

Complete only the sections that apply. You may decline any optional question.

Participant Information

Legal name

Preferred name

Date of birth

Phone

Email

Current address or location

City State ZIP

Mailing address if different

Preferred contact

☐ Call ☐ Text ☐ Email ☐ Other

Safe to leave voicemail

☐ Yes ☐ No

Preferred language

Best days and times

Accommodation accessibility or interpreter needs

How You Connected With URBN Mansion

☐ Self referral

☐ Family or friend

☐ Community organization

☐ Faith community

☐ Justice or reentry program

☐ Housing provider

☐ Social services

☐ Event or outreach

☐ Online or social media

☐ Other

Referring person or organization and contact information

URBN MANSION

Household Information

List only people whose information is relevant to the assistance request.

Household Members

Household Circumstances

- ☐ Pregnant or recently gave birth
- ☐ Child under age five
- ☐ Older adult in household
- ☐ Veteran or military family
- ☐ Disability or access need
- ☐ Returning citizen or justice involved
- ☐ Caregiver responsibilities
- ☐ No reliable transportation
- ☐ Limited English proficiency
- ☐ Other circumstance

Income and Benefits Optional

- ☐ Employment income
- ☐ Self employment
- ☐ Social Security or SSI
- ☐ Unemployment
- ☐ TANF or cash assistance
- ☐ SNAP or food assistance
- ☐ Housing assistance
- ☐ Child support
- ☐ No current income
- ☐ Other income

Approximate monthly household income

Benefits applied for or pending

Requested Assistance and Urgency

Select each area where you want help and describe the most important needs.

Needs Assessment

☐ Food or household essentials	☐ Today	☐ 72 hrs	☐ Routine	
☐ Emergency shelter or housing	☐ Today	☐ 72 hrs	☐ Routine	
☐ Rent mortgage or utilities	☐ Today	☐ 72 hrs	☐ Routine	
☐ Employment or job training	☐ Today	☐ 72 hrs	☐ Routine	
☐ Reentry support	☐ Today	☐ 72 hrs	☐ Routine	
☐ Transportation	☐ Today	☐ 72 hrs	☐ Routine	
☐ Identification or vital records	☐ Today	☐ 72 hrs	☐ Routine	
☐ Health dental or behavioral health	☐ Today	☐ 72 hrs	☐ Routine	
☐ Benefits or public services	☐ Today	☐ 72 hrs	☐ Routine	
☐ Childcare family or youth support	☐ Today	☐ 72 hrs	☐ Routine	
☐ Education digital access or literacy	☐ Today	☐ 72 hrs	☐ Routine	
☐ Legal service referral	☐ Today	☐ 72 hrs	☐ Routine	
☐ Clothing hygiene or furniture	☐ Today	☐ 72 hrs	☐ Routine	
☐ Other assistance	☐ Today	☐ 72 hrs	☐ Routine	

First priority

Second priority

What would make the biggest difference this week

URBN MANSION

Safety and Urgent Support

Please answer privately when possible. Detailed disclosure is not required.

Urgent Screening

Do you lack a safe place to stay tonight	☐ Yes	☐ No	☐ Decline
Is anyone without food water medication or essential care today	☐ Yes	☐ No	☐ Decline
Is anyone currently in danger from another person	☐ Yes	☐ No	☐ Decline
Is there a serious health or mental health emergency	☐ Yes	☐ No	☐ Decline
Are children elders or dependent adults at immediate risk	☐ Yes	☐ No	☐ Decline
Do you want confidential domestic violence support	☐ Yes	☐ No	☐ Decline

Immediate Support Requested

☐ Emergency shelter

☐ Food or medication

☐ Domestic violence support

☐ Medical or mental health support

☐ Transportation to safety

☐ Help contacting 911 988 or 211

☐ No urgent support requested

☐ Other urgent support

Important details or immediate action requested

Safe phone email or trusted contact

What must not be left in a message

If anyone is in immediate danger, call 911. In the United States, call or text 988 for suicide or mental health crisis support. Contact 211 where available for urgent shelter, food, and local resources.

URBN MANSION

Strengths Goals and Support Plan

Identify existing support and the goals you want to work toward.

Strengths and Current Resources

- ☐ Family or friend support
- ☐ Stable phone or email
- ☐ Transportation access
- ☐ Current employment
- ☐ Job skills or certifications
- ☐ Existing case manager
- ☐ Faith or community connection
- ☐ Documents available
- ☐ Housing lead or landlord contact
- ☐ Other strength

Skills strengths and supports you want recognized

Goals Chosen by the Participant

Goal	Your next action	Target date

Documents You May Need

- ☐ Photo identification
- ☐ Proof of address
- ☐ Proof of income
- ☐ Lease or utility notice
- ☐ Birth certificate
- ☐ Release or supervision papers

URBN MANSION

Consent and Optional Information Sharing

I understand that URBN Mansion may help me identify resources, prepare questions or applications, and communicate with service providers when I authorize it. Services and eligibility decisions are controlled by each provider and are not guaranteed by URBN Mansion.

I confirm that the information I provide is accurate to the best of my knowledge. I may decline optional questions, withdraw permission for future information sharing, or request correction of inaccurate information. Information may be disclosed without my permission only when required by law or necessary to respond to an immediate safety emergency, subject to applicable rules.

☐ I consent to intake and resource navigation services

☐ I agree to follow up using my safe contact methods

☐ I decline follow up after today

Participant typed signature or full name

Date

Optional Authorization to Share Information

I authorize URBN Mansion to exchange only the information reasonably necessary to coordinate the services described below. This authorization is voluntary and may be revoked in writing, except for information already shared in reliance on it.

Person or organization

Contact information

Information that may be shared

Purpose of disclosure

Expiration date or event

☐ Two way exchange permitted ☐ URBN Mansion may only send information ☐ I decline authorization

Participant typed signature or full name

Date