

**Riverside Community Church  
Love Columbia Benevolence Intake Form**

Date Notified: \_\_\_\_\_ Response Call: \_\_\_\_\_

Intake Completed: \_\_\_\_\_ Actual Interview: \_\_\_\_\_

**SECTION 1: Identifying Information**

Name(s): \_\_\_\_\_

Age(s): \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Couple \_\_\_\_\_

Address: \_\_\_\_\_

Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Spouse's name: \_\_\_\_\_

Children's names and ages:

\_\_\_\_\_  
\_\_\_\_\_

Family members living with person:

\_\_\_\_\_  
\_\_\_\_\_

**CONFIDENTIALITY POLICY**

Please note the information disclosed on this form or to the interviewer will be reviewed by the pastors, staff, and/or volunteers of Riverside Community Church and will be made available to approved, local non-profits via the Charity Tracker system. The person filling out this form must agree to the confidentiality policy associated with this process.

\_\_\_\_\_  
Signature

Church member? \_\_\_ Yes \_\_\_ No (If yes, how long? \_\_\_\_\_)

If no, regular attender? \_\_\_ Yes \_\_\_ No (If yes, how long? \_\_\_\_\_)

If not a regular attender is this person connected to the church in any way?

\_\_\_\_\_

Has this individual received assistance from other churches/agencies in the past year?

\_\_\_ Yes \_\_\_ No

If yes, what was the help for? \_\_\_\_\_

What help was given and to what degree? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List names and phone numbers of personal/pastoral references that could be contacted for further information regarding this individual (ask for verbal permission to contact these references):

\_\_\_\_\_  
\_\_\_\_\_

## **SECTION 2: Current Situation and Reason for Request**

What is the presenting problem, as stated by the individual?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long has this problem been going on?

\_\_\_\_\_

Has the individual recently been victimized by abusive or exploitive people?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other important details of the situation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What steps has this person taken to remedy the situation?

\_\_\_\_\_  
\_\_\_\_\_

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What is the individual's specific request of the church?

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Is this person willing to work with the church to create an action plan aimed at solving their current problems as well as working to help prevent this problem from occurring again?

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This form was started by: \_\_\_\_\_ on (date) \_\_\_\_\_

Person assigned to follow up: \_\_\_\_\_

**\*\*Make sure to get a copy of a driver's license and copy of the bill they are requesting money for\*\***

### SECTION 3: Detailed Context and History

*You may want to wait until future meetings to obtain some or all of the following information. Use your judgment. Be sure the person requesting help is told of the information they will need to provide, including documentation as needed, to complete the intake form.*

#### *Education/Work History*

Current job held: \_\_\_\_\_ How long at present job? \_\_\_\_\_

Work history:

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Highest level of education and degrees held:

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Other training certificates or programs completed:

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*Financial Position*

**MY MONTHLY SPENDING PLAN**

<b>MONTHLY INCOME</b>	<b>Current Income</b>	<b>Income Changes</b>	<b>New Budget</b>
Employment (Take-home pay—after taxes)			
Government Assistance/Unemployment			
Pensions/Retirement			
Child Support/Alimony			
Friends/Family			
Social Security/Disability			
Food Stamps			
Other:			
<b>TOTAL INCOME</b>			

**My Monthly Expenses**

<b>MONTHLY EXPENSES</b>	<b>Current Exp.</b>	<b>Spending Changes</b>	<b>New Budget</b>
Housing (Rent/Mortgage)			
Electricity			
Gas			
Water			
Telephone (Home/Cell)			
Cable TV/Internet			
Laundry Costs			
Groceries			
Snacks/Drinks/Cigarettes			

Medicine/Prescriptions			
Household (Toiletries, Cleaning, Cooking)			
Pet Food and Supplies			
Child Care/Child Support/Alimony			
Meals Out/Entertainment			
Transportation (Car Payments, Fuel, Bus)			
Clothing/Shoes			
School Expenses/Tuition			
Credit Card/Debt Payment			
Fees: Late, ATM, Money Order, Check Cashing			
Giving (Personal and Charity)			
Books, DVDs, and CDs			
Subscriptions/Dues (Magazines, Clubs)			
Insurance (Health, Car, Rental)			
Miscellaneous Daily Expenses			
Other:			
Total Expenses			
<b>MONTHLY BALANCE TO SAVE</b> (total income – total expenses)			

*Housing Situation:*

Does this person rent or own? \_\_\_\_\_ Does this person have roommates? \_\_\_\_ Yes \_\_\_\_ No

Who do they live with?

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Does this person have any dependents living with them? If so, who?

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Is it a temporary living situation? \_\_\_\_ Yes \_\_\_\_ No

If yes, explain:

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Is this person homeless? \_\_\_\_ Yes \_\_\_\_ No

What type of housing does this person/family live in?

\_\_\_\_ Apt. \_\_\_\_ House \_\_\_\_ Room \_\_\_\_ Projects \_\_\_\_ Section 8 \_\_\_\_ Shelter

*Spiritual, Social, and Emotional/Mental Health*

Describe person's Christian experience/spiritual journey, if applicable:

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What sort of social supports does this person have?

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Does this individual have any family living nearby? \_\_\_\_ Yes \_\_\_\_ No

If yes, who? \_\_\_\_\_

Does this individual have a church small group? \_\_\_\_ Yes \_\_\_\_ No

If yes, name and phone number of leader \_\_\_\_\_

Do one or two close friends know of the person's situation? \_\_\_\_ Yes \_\_\_\_ No

Is this person seeing a counselor? \_\_\_\_ Yes \_\_\_\_ No

If yes, explain:

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Has the person ever been hospitalized for depression/suicide or other mental illnesses?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when and what for?

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Has this person experienced trauma at some point in their life? If yes, describe:

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#### **SECTION 4: Church Assessment and Response to This Request**

*Remember that poverty has multiple causes: the individual's behavior, abusive or exploitive people, oppressive systems, and demonic forces. In many cases, more than one of these causes are at work. However, to the extent that the person's own behavior is a contributor, you should try to gauge their receptivity to taking actions to make positive changes in their life. In such cases, check the one that most applies:*

This person/family believes:

1. \_\_\_\_\_ There is no deep-seated problem that I/we need to address.
2. \_\_\_\_\_ There may be a problem, but I'm/we aren't the one(s) who need to change.
3. \_\_\_\_\_ Yes there is a problem, but I'm/we doubtful it can be changed.
4. \_\_\_\_\_ Yes there is a problem, and I/we can be part of making needed changes, but is it worth it?
5. \_\_\_\_\_ Yes there is a problem, and I/we are ready to take steps to make needed changes.

*Category 1 or 2:* This person/family is not ready to do the hard work of: (1) identifying areas that they need to change, and (2) making those changes with your church's help. They are not ready to create an action plan. Since you are using this form with people you believe need to begin the change process starting now, their lack of readiness to change might well disqualify them from receiving assistance from the church at this time. But that doesn't mean ignoring them. Through continued contact and conversation, they might develop more openness to change.

*Category 3–5:* This person is ready to create an action plan.

You may find that people in category 3 or 4 complete the action plan but then do not follow through on their goals. *Do not give up!* They will probably need extra encouragement and support, and their goals and timeframes may need to be adjusted. If they do not make sufficient progress on their goals even with repeated encouragement or help, then you and your church may need to stop providing the material and possible human resources that you committed to in the action plan. That does not mean you neglect the person/family or break your relationship with them! It just means you may have to shift the terms of the relationship.

People in category 5 will have a bit smoother time of moving forward and contributing their part to their goal, although there will still be bumps, and thus need for support.

Remember from chapter 2 that if the person has experienced trauma, progress may be slower or halting, with times of no progress and/or regression.

Initial church assessment of issues that need to be dealt with that contributed to current problem:

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Initial response/ decision

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With the exception of the budget from section 3 and the majority of section 4, this tool is adapted and expanded with permission from Redeemer Presbyterian Church, "Intake Form," in *The Redeemer Presbyterian Church Diaconate Manual: A Handbook for Diaconate Mercy Ministry*, 3rd ed. (New York: RPC Press, 2001).