SSP PARTICIPANT INTAKE, ENROLLMENT & NEEDS ASSESSMENT

 [PROJECT NAME]

Staff Name: Date:

|  |  |  |
| --- | --- | --- |
| **Information Requested** | **Participant Response** | **Staff Notes/Comments** |
| Participant Name |  |  |
| AKA *(Also Known As)*  |  |  |
| Date of Birth*(Month-Date-Year)* |  |  |
| Client Referral Source:*(Who referred the participant to [Organization/Project Name]?* |  |  |
| Participant Unique Identifier *Combination of 8 digits and letters* |  |  |  |  |  |  |  |  |
| *For initial intake, follow instructions for creating Participant Unique Identifiers (see below)* |
| Health Insurance |  |  |
| Health insurance benefits received currently  |  |  |
| Public benefits currently received  |  |  |
| Community services currently received |  |  |
| Contact Information | Residential Address:City:State:Zip Code:Phone Number:Email Address: |  |
| Emergency Contact Information | Name:Relationship:City:State:Zip Code:Phone Number:Email Address: |  |
| Gender Identity *(At Intake)* | * Male (M)
* Female (F)
* Transgender (T)
* Non-Binary (N)
 |  |
| Preferred Pronouns*(Check one. If response is ‘Other’, explain in NOTES)* | * She/Her/Hers
* He/His/Him
* They/Them/Theirs
* Other
 |  |
| Race*(Check one. If response is ‘Other’, explain in NOTES)* | * Black/African American
* White/Caucasian
* Asian/Pacific Islander
* Native American/Indigenous
* Mixed
* Other:
 |  |
| Ethnicity*(Check one)* | * Hispanic
* Non-Hispanic
 |  |
| Preferred Language |  |  |
| Physical Description |  |  |
| Current Housing Situation |  |  |
| Housing History & Needs |  |  |
| Substance Use History |  |  |
| Mental Health History & Needs |  |  |
| Other Supportive Service Needs |  |  |

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