



CATHOLIC CHARITIES
HOPE for all seasons

*Catholic Charities - Noles Court
99 Best Street
Buffalo, NY 14209
716-919-1899
noles.court@ccwny.org*

ESSHI Application Intake Form

Name: _____ D.O. B: ____/____/____

Current age today: _____ S.S#: _____-_____-_____

Current Address: _____ City: _____ State: _____ Zip: _____

Current contact number: () _____-_____

Shelter Couch surfing Rehab center Hotel other: _____

INSURANCE INFORMATION

Medicaid: Yes or No Medicaid CIN#: _____ Medicare: Yes or No

Other Insurances: _____

MEDICAL

Has the client gone to the Emergency Room in the past 6 months? Yes No

Has the client been hospitalized in the past 6 months? Yes No

Is client receiving Case Management Services? (ex: Evergreen, Best Self & etc. Yes No

If yes, please list full name and contact information of case manager(s):

Is, client enrolled in a Health Home? Yes No

If yes, please list name and contact information of Health Home:

Is an Authorization for Release of Health Information current and on file for all needed contacts?

Yes or No



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Physical Disability:

Health Conditions (see section below for psychosocial support):

Medications currently taking:

Do you have any issues with hearing, vision, or dentition? Yes or No Explain:

PSYCHOSOCIAL SUPPORT

Mental Health Status/History (Include any self-reported diagnoses):

Is client receiving mental health services: Yes or No If so, where? _____

Is client taking any prescribed psychiatric medications: Yes or No

Substance Use: Yes or No If so, when? _____ / Status History:

Is client engaged in substance use services: Yes or No

If "Yes", describe (outpatient/inpatient, agency, etc.):

Any Domestic Violence: Yes or No

INDEPENDENT LIVING SKILLS

HEALTH AND INDEPENDENT



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LIVING SKILLS			
Does client have difficulty with any of the following?			
LIVING SKILL	YES	NO	NOTES
Money Management/Budgeting (paying rent and utilities)			
House Keeping			
Traveling Independently			
Managing Medical Care			
Personal Hygiene			
Nutrition / Meal Preparation			
Food Shopping/Pantries			
Medication Adherence			
Socialization/Support Systems			
Medical Transportation			
Communication Interpersonal Skills			
Coping / Self-Management Skills			
Decision Making / Self Advocacy Skills			

CRIMINAL BACKGROUND

Have you ever been in jail? Yes or No If, so, When? _____

What state(s) did your crime occur? _____

What is/was the nature of the crime?

Are you currently on probation or parole? Yes or No

Are you a Registered Sex Offender? Yes or No

FINANCIAL

Employed? Yes or No Position Type: _____

If yes, how many hours/week does the individual work? _____ Hours per week

- Permanent/Full Time Permanent/Part-time Temporary/Full Time Temporary/Part time



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- Seasonal Full-time Seasonal Part-time

Current Employer Name: _____

- Unable to work Yes or No

- If yes, list reason: _____

FINANCIAL RESOURCES		
PROGRAM	Amount Per Month	Household Member (e.g., Self/Spouse/Partner)
Earned Income		
Supplemental Security Income (SSI)		
Social Security Disability		
Insurance (SSDI)		
Employment		
Unemployment Insurance		
Public Assistance		
Child Support		
Alimony or spousal support		
Short-Term or Long-Term Disability		
Workman's Compensation		
Temporary Assistance for Needy Families (TANF)		
General Assistance		
Veteran's Assistance		
Veteran's Pension		
Retirement from Social Security		
Pension from former job		



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Other Household Income		
Other: (Family/Friends/Church)		

TOTAL MONTHLY HOUSEHOLD INCOME: \$ _____

Does client participate in any of the following programs? (check all that apply)

- SNAP
- Medicare
- VA Medical Services
- TANF Transportation Services
- Other TANF funded services
- Section 8, public housing or other rental assistance
- Other sources _____

Currently possesses:

- Social Security Card
- Birth Certificate
- State ID
- Green Card/Permanent Resident Card
- Work Permit
- Medicaid Card

SUMMARY

Summarize client status, presenting needs, and assessed needs. Describe proposed services that will assist in achieving/maintaining independence, finances and stable housing.

Applicant Signature: _____ Date: ____/____/____

Referral Signature: _____

Title: _____ Date: ____/____/____

Waitlist & Contact Information

Applications are placed on the waitlist in the order they are received. Please make sure your contact information is current, as you will receive a letter confirming receipt of your application and your waitlist number, along with future updates.



If your contact information changes, please contact the program using the phone number or email listed above. We will make every reasonable effort to reach you when housing becomes available; however, if we are unable to make contact, the apartment may need to be offered to another applicant.

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