

DIACONATE MANUAL

Section: 4.1 Mercy Intake Form

2/22/2023

Date Diaconate Notified: _____ Response Call Date: _____ First Face to Face Meeting Date: _____

Identifying Information

Case # _____

Name: _____ Age: _____ Male? _____ Female? _____ Couple? _____

Address: _____ Work Phone: _____ Home Phone: _____

_____ Email: _____

Spouse's name: _____ Children's Names and ages: _____

Family Members living with you: _____

How did Diaconate hear of situation?(Circle one) Helpline Pastor Friend Office Call In CG Leader Staff Other

Name of Deacon starting this form: _____

Client assigned to (list name of Deacon and/or Mercy Team

Member): _____

Church Member? _____yes _____no If yes, how long? _____ If no, regular attender? _____yes _____no If yes, how long? _____

Is CPC their primary place of worship? _____yes _____no If no, where do they normally attend? _____

How many times a month do they attend worship service? _____

Does individual belong to a Small Group? _____yes _____no If yes, who is the group leader? _____

How did person here of CPC? _____

Has this person been helped by CPC before? _____yes _____no Of yes, list Case # or describe extent of help _____

List names and phone numbers of personal/pastoral references and/or Small Group Leader who could be called for further information regarding this individual (ask for verbal permission to contact these references): _____

Do they have access to any form of transportation? _____yes _____no

Current Situation/Request

What is the presented problem/need as stated by the individual? _____

How long has this problem/need been going on? _____

Are they currently working with any other churches? _____yes _____no If yes, list the other Churches and names of individuals helping them (ask for verbal permission to contact these persons): _____

Other important detail of the situation: _____

What is the individual's specific request of the Diaconate? _____

THE FOLLOWING INFORMATION WILL BE OBTAINED AT THE FIRST FACE TO FACE MEETING

Case # _____

Education/Work History

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2/22/2023

Current job held: _____ How long at present job? _____
Work History: _____

Highest level of education and degrees held: _____
Other training certificates or programs completed including military experience: _____

Financial Position

Current Monthly salary: _____
Medical Insurance? ___yes___ no If yes, name of insurance _____
Medicaid? ___yes___ no
Medicare? ___yes___ no
Cobra? ___yes___ no

Other Financial Income or savings (check all that apply and be sure to list monthly or total amount):

Child Support _____ Amount _____
Unemployment _____ Amount _____
Pension _____ Amount _____
Food stamps _____ Amount _____
SSI/SSDI _____ Amount _____
Public Asst. _____ Amount _____
Savings _____ Amount _____
IRA _____ Amount _____
401K _____ Amount _____
Securities _____ Amount _____

General Monthly Expenses:

Rent/Mortgage _____
Utilities _____
Phone _____
Food _____
Transportation _____
Debt _____
Other _____
TOTAL _____

Housing Situation:

Is this person homeless? ___yes___ no
Does the person rent or own? _____
Is it a temporary living situation? ___yes___ no
If yes, explain _____
Whom do they live with? _____
What type of housing does this person/family live in?
Apt___House___Room___Projects___Shelter___

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Spiritual, Social and Emotional/Mental Health

Describe the person's Christian experience journey: _____

Does individual have any family living nearby? ___yes___no If yes, who? _____

Any family member that the person is close to? ___yes___no If yes, who? _____

One or two close friends who know of person's situation? ___yes___no If yes, who? _____

Seeing a counselor? ___yes___no If yes, who? _____

Has the person ever been diagnosed and/or treated for mental illness? ___yes___no If yes, explain: _____

Is this person currently taking any prescription medications? ___yes___no If yes, list medications and conditions being treated for: _____

Has the person ever been hospitalized for depression/suicide? ___yes___no If yes, explain: _____

Dependencies/Subproblems(check all that may apply):

- ◇ Physical: Disability that makes it impossible to generate sufficient income for needs.
- ◇ Planning: Lack of budgetary control, unrealistic priorities for spending, other lack of discipline or discernment.
- ◇ Emotional: Personal problems that make it impossible to bring in sufficient income.
- ◇ Skill: Lack of marketable skills.
- ◇ Relational: Without social connections and support.
- ◇ Social: A lack of legal, political power, oppressed.
- ◇ Financial: Without other dependencies, a lack of job or income.
- ◇ Addictions: Drug or alcohol dependencies.