



Welcome to Neighborhood Place

Today's Date _____

Please mark which Neighborhood Place you are visiting today:

- First Neighborhood Place
- Neighborhood Place – 810 Barret
- Neighborhood Place – Bridges of Hope
- Neighborhood Place – Cane Run
- Neighborhood Place – Northwest
- Neighborhood Place – South Central
- South Jefferson Neighborhood Place
- Neighborhood Place - Ujima

Please answer the following questions so that we serve you to the best of our ability. Please print.

NAME: _____ SOCIAL SECURITY # _____ YOUR RACE: _____
(Answer Optional)

ADDRESS: _____ PHONE: _____ YOUR BIRTHDATE: _____
(Include Zip Code)

IN YOUR HOUSEHOLD: _____ HOW CAN WE HELP YOU TODAY? _____

Neighborhood Place offers a variety of services. Please place a check (✓) next to the services you feel your family needs. A Neighborhood Place staff person will discuss each of your concerns with you.

- 1. I need food stamps, financial assistance (K-TAP, formerly AFDC) and/or a Medical Card (K-CHIP, Passport).
- 2. I would like to learn more about WIC, which provides nutrition education and food vouchers to pregnant women, post-partum women, breast-feeding mothers, infants, and children under 5 years of age.
- 3. There has been a crisis causing a reduction or loss of income in my household, and I need help with rent or utilities.
- 4. I am homeless or about to be homeless and need emergency shelter and housing information.
- 5. I am concerned about a child who is having trouble attending or doing well in school
- 6. I am concerned about someone in my family who uses drugs or alcohol, and would like to talk to someone.
- 7. I have concerns about my child's behavior and would like to talk with someone.
- 8. I would like to talk with someone about stress or family problems.
- 9. I am concerned about frequent feelings of sadness and distress.
- 10. I am pregnant, receiving Passport and would like a nurse to visit my home to help me plan for the baby and/or to learn to be a good parent.
- 11. I would like to make an appointment for immunizations, TB test, head lice check, lead test, pregnancy test, or family planning. *(Circle all that apply.)*

Some services are not offered at all Neighborhood Place sites. However, referrals can be made for the appropriate need. Please mark below as needed.

- 12. I am interested in obtaining information about employment, a new career, or job training.
- 13. I am interested in applying for child care assistance.
- 14. I am concerned with one or more of the following in my neighborhood: rodents, rubbish, high weeds & grass, sewage overflows. *(Circle all that apply.)*
- 15. I would like help in developing a plan to meet the needs of my family.
- 16. I would like information about a car seat.
- 17. I am interested in applying for subsidized housing.
- 18. I would like more information about: _____

Please return this completed form to the front desk. Thank you for allowing us to serve you!

For Staff Use Only

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|---|--|---|--|
| <input type="checkbox"/> DCBS – Protection & Pernancy | <input type="checkbox"/> DHS – Financial Assistance | <input type="checkbox"/> HEALTH | Additional Referrals: _____ |
| <input type="checkbox"/> DCBS – KCHIP / Medical Card | <input type="checkbox"/> DHS – Homeless Intervention | <input type="checkbox"/> *Immunizations | _____ |
| <input type="checkbox"/> DCBS – Food Stamps | <input type="checkbox"/> DHS – Housing | <input type="checkbox"/> JCPS | Release Signed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> DCBS – KTAP | <input type="checkbox"/> HEALTH – Case Management | <input type="checkbox"/> SCS | Worker: _____ |
| <input type="checkbox"/> DHS – Family Intervention Services | <input type="checkbox"/> HEALTH - WIC | <input type="checkbox"/> Employment | |