SOCIETY OF ST. VINCENT DE PAUL
NEIGHBORS HELPING NEIGHBORS

CONFIDENTIAL
INTAKE FORM
Please submit to Council Office at:
requestcouncilprogram@svdpstl.org

Date_____

Conference Name: _____ District Name: _____

Visit Location: ☐ Home ☐ Church/Pantry ☐ Hospital ☐ Eldercare ☐ Prison ☐ Other _____

NEIGHBOR INFORMATION

Name: _____

Address _____

City _____ State_____ Zip _____ County _____

Phone Number: _____ Email: _____

Neighbor Monthly Income _____ Source of income _____

Date of Birth _____ Expiration date on ID (to confirm identity) _____

HOUSEHOLD COMPOSITION AND INCOME

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Domestic Partner ☐ Widowed

Other Household Members:

Name_____ Age _____ Relationship _____

Monthly Income _____ Source of Income _____

Name_____ Age _____ Relationship _____

Monthly Income _____ Source of Income _____

Name_____ Age _____ Relationship _____

Monthly Income _____ Source of Income _____

Name_____ Age _____ Relationship _____

Monthly Income _____ Source of Income _____

NEED/REASON FOR REQUEST

_____

_____

_____

_____

_____

_____

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Date_____ Neighbor's Name _____

HOW CONFERENCE WILL HELP (LIST IN-KIND, VOUCHERS, FINANCIAL ASSISTANCE, REFERRALS)

_____

_____

_____

_____

COUNCIL PROGRAMS AS FUNDING ALLOWS

☐ Air Conditioner
Will you submit signed Heat Up STL release if approved? ☐ Yes ☐ No

☐ Utility Assistance (When Available)

Ameren Account #_____ Name on Account_____

Amount Requested _____

Spire Account # _____ Name on Account_____

Amount Requested _____

☐ Amazon Bed (platform frame, mattress, sheets, pillow). Beds are ordered on Tuesdays and Thursdays. You will be notified by email when order is complete and you are responsible for updating the neighbor. Utilizing this option replaces a bed voucher for SVdP thrift.
Twin Quantity _____ Full Quantity _____
Delivery will be to the address on the front of this form unless otherwise directed. Note: Vincentians can request the bed be delivered to their personal address so that you can deliver it to the Neighbor.
Delivery Instructions _____

SVdP is not responsible for the bed once it is delivered. _____ (Neighbor Initials)

RELEASE OF CONFIDENTIAL INFORMATION

All information collected by the Society of St. Vincent de Paul (SVDP) staff, volunteers, and/or interns regarding Neighbors or potential Neighbors is confidential. SVDP is committed to protecting the privacy of all Neighbors as completely as possible. However, in some cases, it is necessary or desirable for us to either receive and/or share information with others. The purpose of obtaining and/or sharing this information is to ensure Neighbors receive the assistance needed.

_____, hereby authorizes
(Neighbor's Name and Signature)

THE SOCIETY OF ST. VINCENT DE PAUL to access and release any information or records that are relevant for the purpose of providing assistance for my needs for twelve months. SVdP is ethically obligated to notify authorities if SVdP believes there is imminent danger to the Neighbor or others

Vincentian Name _____ Phone _____ Email _____

Vincentian Name _____ Phone _____ Email _____