



732 – E Eden Way North #153 Chesapeake, VA 23320
VA: (757) 384-0294 NJ:(609) 358-0576
info@growfoundationva.org

Intake Application

Name: _____ Date: _____

Date of Birth: _____ Gender: _____

Race/Ethnicity: _____ Primary Language: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Does the person who is harming you reside in the same home?: **Yes/No**

What is your relationship to him/her?: _____

Phone Number: _____ Email Address: _____

Is it okay to leave messages at this phone number?: **Yes/No** If yes, what are the best days and times to call? _____

Occupation: _____ Military?: **Yes/No** If yes, what branch?: _____ Highest level of education completed: _____

Children

Name	Date of Birth	Age	Sex	Race/Ethnicity
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Health/Medical Needs

Do you have any neglected illnesses?: **Yes/No** If yes, describe:

Do you have injuries that need medical care?: **Yes/No** If yes, describe:

Do you have any medical conditions that we need to know about right now?: **Yes/No** If yes, describe:

Are you/have you ever been involved with drugs/alcohol?: **Yes/No**

If yes, include date of last use _____

Do you have either a physical disability or mental illness?: **Yes/No**

If yes, describe: _____

Has a police report and/or protective order been filed?: **Yes/No** If yes, what is the date and city where the report and/or order has been filed?

Emergency Contact Person (To be used only in an emergency)

Name _____ **Relationship** _____

Phone Number _____ **Email Address:** _____

Our organization offers many different services/referrals. Can you share what services you might be interested in? (Check all that apply)

- Support groups Legal Advocacy Mental Health Support
- Children's Services Housing Advocacy Drug/Alcohol Counseling
- Financial Assistance Transportation DV Education
- Employment/Vocational Counseling or Training Food/Clothing
- Child Care Emergency Shelter Other (please list) _____

I certify that the information provided is true to the best of my knowledge. I allow release of this information for the expressed purpose of program assistance. I understand that completing this application does not guarantee services and that services are provided based on funds and resource availability.

Signature: _____

Date: _____