



JEREMIAH'S PLACE
 FUTURE • PROSPER • HOPE
 JER. 29:11

Jeremiah's Place

North Georgia Interfaith Ministries Inc.,
 1445 Red Oak Flats Rd
 Dahlonega, GA 30533
 706-867-5404

ASSESSMENT PACKET

Last Name _____ First Name _____ Middle Initial _____

Any other names you have used? _____

Last permanent address _____

How long since you lived at this address _____

Photo ID? No Yes Expiration Date _____ ID # _____ State _____

SS# _____ Date of birth _____

Family Type (Check one) :

Single Female ____ Single Female w/child(ren) ____ Couple ____ Couple w/child (ren) ____

Are you seeking transitional housing with Jeremiah's Place? Yes ____ No ____ How many people are you seeking housing for ____ Adults ____ Children ____

Email Address _____ Cell Phone # _____

Emergency Contact Person _____ Phone # _____

Race (Check All) : American Indian ____ Asian ____ Black/African American ____ White ____ Other ____

Ethnicity : Hispanic/Latino ____ Not Hispanic/Latino ____

Gender : Female ____ Male ____ Other ____

Veteran : Yes ____ No ____ When Served _____ Discharged _____

Marital Status : Single ____ Divorced ____ Widowed ____ Married ____ Separated ____

Highest Level Of Education : Some High School ____ Diploma ____ GED ____ College ____

Are you able to read and write in English? Yes ____ No ____

How long have you been in Lumpkin County? _____

Where were you living before coming to Lumpkin County? _____

Where is your nearest family? _____

Do you have any family or friends close by you can stay with? _____

Who in your family are you closest to? _____ Relationship _____

Do you have a support system? Yes ___ No ___

How would you describe your relationship with your family? Good ___ Fair ___ Poor ___

Do you have an open case with DFCS? _____ Case Manager Name _____

Case Manager Phone # _____ What County _____

What other Service Providers, Churches, or Agencies have you received assistance from?

Where did you sleep last night?

- | | |
|--|---|
| <input type="checkbox"/> Emergency shelter, | <input type="checkbox"/> Hotel paid for by shelter, Church or agency |
| <input type="checkbox"/> Transitional or permanent housing for
homeless persons | <input type="checkbox"/> Foster care or foster care group home |
| <input type="checkbox"/> Substance abuse treatment center/detox center | <input type="checkbox"/> Psychiatric hospital or other facility |
| <input type="checkbox"/> Jail, prison or juvenile detention facility | <input type="checkbox"/> Hospital (non-psychiatric) |
| <input type="checkbox"/> Home owned by you/Rented by you | <input type="checkbox"/> Staying or living with a family member |
| <input type="checkbox"/> Staying or living with a friend | <input type="checkbox"/> Place not meant for habitation (car, tent etc) |
| | <input type="checkbox"/> Hotel or motel paid for by you |

Residence Contact Name : _____ Phone # _____

How long have you been sleeping at last night's residence? (Check one)

1 week or less 1 week to 1 month 1 to 3 months 3 months to 1 year 1 year or longer

How many times in the last 3 years have you been homeless? _____ times How long this time? _____

Housing Status: Literally homeless Unstable housing/at risk of losing housing Stable housing

Housing :

Rental History

Have you ever had a lease in your name? ___ Yes ___ No

Have you ever had utilities in your name? ___ Yes ___ No Last deposit amount \$ _____

Have you ever been evicted from housing? ___ Yes ___ No How many times? _____

Would a prior landlord give you a good reference? ___ Yes ___ No

Where have you lived and with whom for the past 5-8 years?

City/Town State With Whom How Long Landlord Name and phone#

City/Town State With Whom How Long Landlord Name and phone#

City/Town State With Whom How Long Landlord Name and phone#

City/Town State With Whom How Long Landlord Name and phone#

City/Town State With Whom How Long Landlord Name and phone#

Credit History

Do you have unpaid rent and/or utility bills in your name? ___ Yes ___ No

Do you have a credit history (loan, financing, utilities, rent-to-own) ___ Yes ___ No

Do you think you have poor credit? ___ Yes ___ No

Criminal History

Have you **EVER** been convicted of a misdemeanor? ___ Yes ___ No

Have you **EVER** been convicted of a felony? ___ Yes ___ No

If yes, what? _____ When? _____

Are you currently on probation? ___ Yes ___ No Parole? ___ Yes ___ No

Name of probation/parole officer _____ Location _____

Indicate **ANY** and **ALL** misdemeanors and/or felonies you have been **ARRESTED** for, in the past 10 years :

Charge	Date Of Arrest	Conviction
1		
2		
3		
4		
5		
6		

Medical :

How would you rate your general health right now? __Excellent __Good __ Fair __ Poor

Are you currently taking any medications? Yes ___ No ___ What? _____

Are you supposed to take any medications but do not? Yes ___ No ___ What? _____

Reason for not taking these medications? _____

What health conditions if any do you have? _____

Do you have a regular doctor? Yes ___ No ___ Who _____ Where _____

Do you have any know allergies? Yes ___ No ___ What? _____

Do you currently use alcohol? Yes ___ No ___ Frequency _____

Do you currently use drugs? Yes ___ No ___ Frequency _____

Do you have a history of alcohol or drug abuse? Yes ___ No ___

Have you ever received treatment for a mental health issue? Yes ___ No ___

If yes – explain _____

Are you pregnant? Yes ___ No ___ HIV Status? Neg ___ Pos ___ Don't know ___

Have you applied for disability? Yes ___ No ___

Is there any other information that would be important to know about your health? _____

Health Barriers

Physical Health

Has your physical disability impacted your homeless situation? Yes ___ No ___ How? _____

Does your physical health affect your ability to get housing, or limit your housing options? Yes ___ No ___

How? _____

Do you have any special needs that would qualify you for an "ADA" compliant unit? Yes ___ No ___

Explain _____

Mental Health

Have you EVER lost your housing because of your mental health? (being hospitalized, having neighbors complain about your behavior because of symptoms that stopped you from taking care of yourself, your home etc.). Yes ___ No ___ Explain _____

Do you have a mental health issue that currently affects your ability to get housing? Yes ___ No ___

Substance Abuse

Has substance use (drugs or alcohol) EVER caused you to lose your housing? Yes ___ No ___

Do you think current substance use could affect your ability to get housing? Yes ___ No ___

Domestic Violence/Abuse

Are you currently fleeing abuse? Yes ___ No ___

Has domestic violence or abuse EVER caused you to lose your housing? Yes ___ No ___

Have you EVER been the victim of domestic violence or abuse? Yes ___ No ___ When _____

Type : Physical ___ Emotional ___ Verbal ___ Financial ___ Spiritual ___ Other _____

Income Information

Have you received **ANY** income from **ANY** source in the past 30 days? Yes ___ No ___

Income Sources and Amount	Yes	No	Amount	Date Started
Employment				
Unemployment				
SSI				
SSDI				
Veteran Disability Payment				
Veteran Pension				
Retirement Income				
Pension from former job				
Child Support				
Alimony				
Other sources				

Non-cash Benefits Received	Yes	No	Amount	Date Started
Food Stamps/SNAP				
TANF				
Medicaid Health Insurance Program				
Medicare Health Insurance				
VA Medical Services				
Section 8, Public Housing, Rental Assistance				
Other				

Monthly Expenses	Amount
Landlord	
Power Company	
Water Department	
Gas Company	
Phone Company (Home Phone/Cable/Internet)	
Child Care	
Child Support	
Alimony	
Justice System (Probation, Fines, Fees etc.)	
Medical	
Car Loan	
Car Insurance	
Credit Card debt	
Personal Loan	
Cell Phone	
Gas (Car)	
Title loan/Pawn	
Back child support	
Past Medical Bill	
Past Utility Bill	
Other	

Is there any other information you would like to share about your financial situation? _____

Income Barriers

Are you employed? Yes ___ No ___ Where _____ How Long _____
 Part Time ___ Full Time ___ Seasonal ___ How Many Hours _____ Pay \$ _____ per hr./week/month

Is your spouse employed? Yes ___ No ___ Where _____ How Long _____
 Part Time ___ Full Time ___ Seasonal ___ How Many Hours _____ Pay \$ _____ per hr./week/month

How much can you afford to spend on housing each month right now?

\$300-\$500 ___ \$501-\$600 ___ \$601-\$700 ___ \$701-\$800 ___ More than \$801 ___

Do you have the following (**Originals not photo copies for ALL family members**)? Please check each that apply :

Birth Certificate ___ State Issued ID ___ Driver's License ___ Social Security Card ___

Names of ALL Family Members	DOB	M/F	Relationship	Any Special Needs	Who has Primary Custody
1					
2					
3					
4					
5					
6					
7					

Signature : _____ Date : _____

Staff Signature : _____ Date : _____

REFUNDABLE KEY DEPOSIT \$25.00 : _____ Received _____ Not Received

NON REFUNDABLE DEPOSIT \$50.00 : _____ Received _____ Not Received



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THE FUTURE

By this time next year I see myself living _____

Identify 3 goals you hope to accomplish in the next couple of months _____

How do you expect to accomplish them? _____

How will living in Transitional Housing at Jeremiah's Place help you to accomplish these goals and how?

Is there any other information you would like us to consider? _____



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Family Consent Form

And, in granting this Consent, I acknowledge that :

I am signing this form freely and have not been forced or coerced to do so. This consent form has been read by me or to me, and I have received a copy of this form. I have been given the opportunity to discuss the content of this form and the consent being granted under it, and I understand that by signing this form I am giving Jeremiah's Place (North Georgia Interfaith Ministries Inc) permission to verify ALL information given by me and also authorize Jeremiah's Place (North Georgia Interfaith Ministries Inc) to contact any persons named within. I have been given the opportunity to ask any questions regarding such consent and content. Any such questions have been answered to my full satisfaction, and I understand the consent I am granting by signing below.

Signature	Print Name	Date
-----------	------------	------

Staff Signature	Staff Print Name	Date
-----------------	------------------	------

To ensure there is no fraudulent use of this consent form, a head of household must be specified, and the names and dates of birth for any and all minor children for whom I am legally responsible must be listed below.

Head of Household (please print):

Name	DOB
------	-----

Minors' Names and dates of Birth (please print):



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RELEASE OF INFORMATION FORM

Before you decide whether or not to allow Jeremiah's Place to share any of your information with another agency or person, the Program Director will discuss with you all alternatives and any potential risks and benefits that could result from sharing your information. Communication between Jeremiah's Place and the agency/person named below may occur in a variety of ways (in person, phone conversation, text, email, fax, instant message etc) and may include information contained in your assessment. You have the right to choose what is shared, how it is shared, to whom and for how long.

AGENCY NAME _____

CONTACT PERSON _____

PHONE NUMBER _____

SPECIFIC INFORMATION TO RELEASE _____ OR OBTAIN _____

Release Date _____

Expiration Date _____

 Signature

 Print Name

 Date

 Staff Signature

 Staff Print Name

 Date