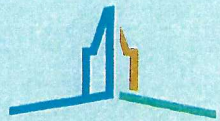
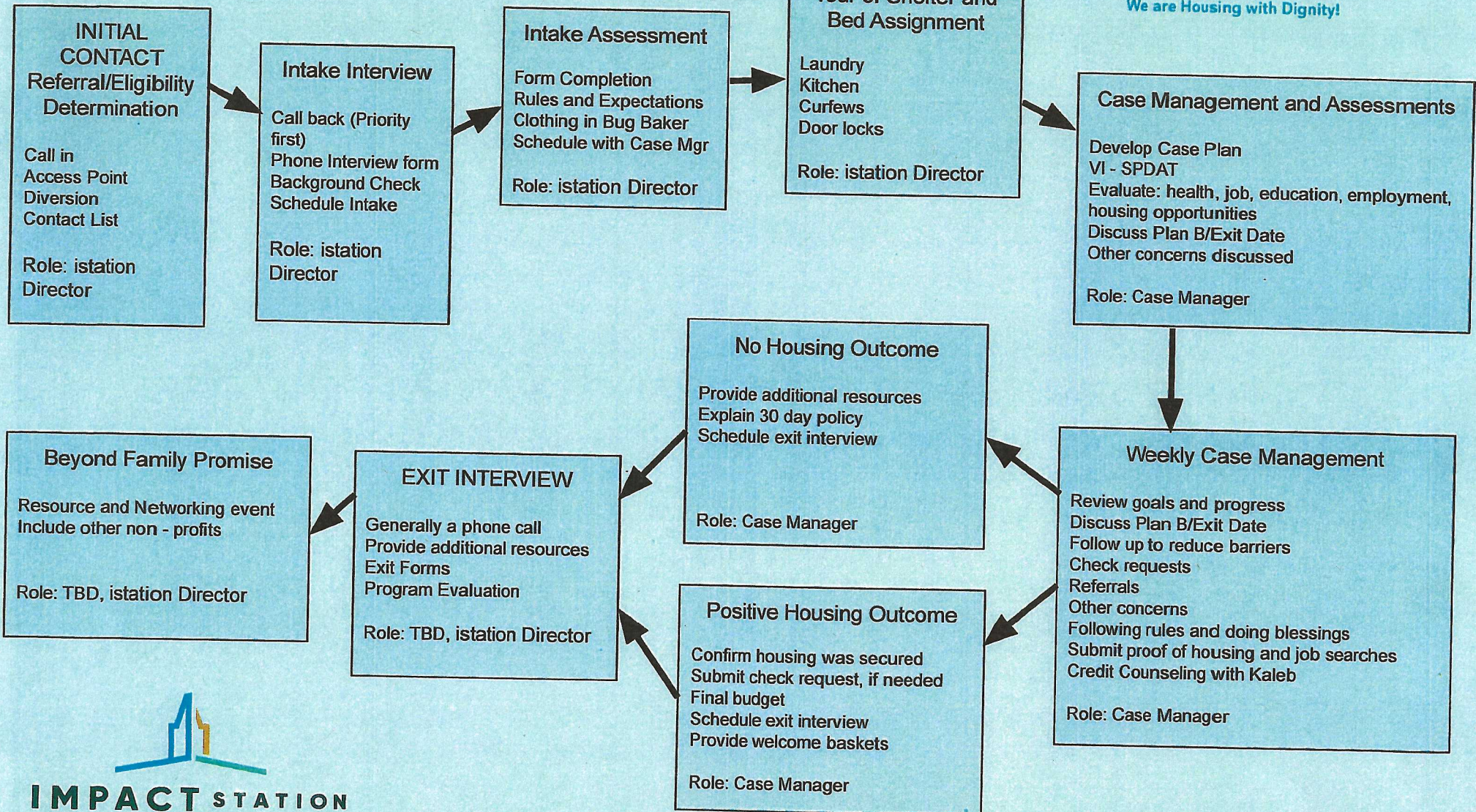


# Workflow Diagram:

## Intake and Case Management



**IMPACT STATION**

Feb 16, 2023





## INTAKE CHECKLIST

- ☐ Made a copy of ID (Must have before enrolling as a guest, or else intake cannot be complete).
- ☐ Complete the entire paperwork, getting all pages signed and dated by every adult.
- ☐ Read house and program expectations in their entirety and confirm guests have no questions.
- ☐ Set up new room code and provide to guest/confirm room number for motel/hotel
- ☐ Put all incoming clothing items in the bed bug baker for 4 hours (in house only)
- ☐ Remember to sign all documents in the staff signature.
- ☐ Make necessary copies and provide them to guests.
- ☐ Set up a Case Management appointment.
- ☐ Put information into Clarity (Access Point enter/exit then FP program entry).
- ☐ Add information to 2023 Spreadsheet (Jennifer and Callie)

---

Staff Signature

---

Date



Name:

Entry Date:

Projected Exit Date:

## CASE MANAGEMENT CHECKLIST AND PLAN

WHAT DO YOU NEED?	YES	NO	N/A	Explanation
Employment Verification				
Pay Stubs				
Work Schedule				
Award Letter				
VA Linked				
SNAP				
Medical Insurance				
State ID or Driver's License				
Social Security Card (s)				
Birth Certificate (s)				
Mental Health Referral				
Social Security (SSDI and SSI)				
Title XX Childcare				
Credit Report (s)				
PRC Application				
(Past) Utility Bill Statements				
Other:				
Other:				

What do you consider your barriers to be in finding stable housing? (Examples: evictions, criminal history, lack of resources ect....) How will you overcome these barriers?

What strengths do you and your family have that will help you find stable housing?

**BUDGET**

<b>Income</b>	<b>\$ Amount</b>
Earned Income	\$
Social Security	\$
Social Security Disability	\$
TANF	\$
Child Support	\$
Other – Please Specify	\$
<b>TOTAL INCOME</b>	<b>\$</b>
<b>Essential Monthly Expenses</b>	
Shelter (rent, mortgage ect.)	\$
Utilities:	
Gas	\$
Water	\$
TV	\$
Internet	\$
Phone	\$
Transportation (car payment, bus, insurance, gas)	\$
Insurance (other than automobile)	\$
Food	\$
Household Supplies	\$
Clothing	\$
Personal Needs (haircuts, laundry ect.	\$
Medicine	\$
Baby Formula/Diapers	\$
Childcare	\$
School Supplies	\$
Recreation/Community Activities	\$
Cigarettes	\$
Other – Specify	\$
Other - Specify	\$
<b>TOTAL MONTHLY EXPENSES</b>	<b>\$</b>
(Subtract monthly expenses from income)	
<b>TOTAL</b>	<b>\$</b>

In most cases you will be required to earn at least 3x the amount of rent in income, for you that would be:

$\text{Rent} / 3 = \$$       roughly a month

Monthly rent divided by 3 = monthly amount



Enacting Our Dream  
**FamilyPromise**  
 We are Housing with Dignity!



Name: \_\_\_\_\_

Contact Date	Contact Type	Position	Company/Location	Action
	<input type="checkbox"/> In-person <input type="checkbox"/> Online <input type="checkbox"/> Phone <input type="checkbox"/> Other			<input type="checkbox"/> Application <input type="checkbox"/> Resume <input type="checkbox"/> Interview <input type="checkbox"/> Other
	<input type="checkbox"/> In-person <input type="checkbox"/> Online <input type="checkbox"/> Phone <input type="checkbox"/> Other			<input type="checkbox"/> Application <input type="checkbox"/> Resume <input type="checkbox"/> Interview <input type="checkbox"/> Other
	<input type="checkbox"/> In-person <input type="checkbox"/> Online <input type="checkbox"/> Phone <input type="checkbox"/> Other			<input type="checkbox"/> Application <input type="checkbox"/> Resume <input type="checkbox"/> Interview <input type="checkbox"/> Other
	<input type="checkbox"/> In-person <input type="checkbox"/> Online <input type="checkbox"/> Phone <input type="checkbox"/> Other			<input type="checkbox"/> Application <input type="checkbox"/> Resume <input type="checkbox"/> Interview <input type="checkbox"/> Other
	<input type="checkbox"/> In-person <input type="checkbox"/> Online <input type="checkbox"/> Phone <input type="checkbox"/> Other			<input type="checkbox"/> Application <input type="checkbox"/> Resume <input type="checkbox"/> Interview <input type="checkbox"/> Other



# Case Notes



Name:	
Date:	
Entry Date:	
Exit Date:	

**Status:**      Employed (Full – time      Part – time)      Social Security      Unemployed

## Progress on Goals:

Have you completed 15 housing searches this week?		
How many applications have you submitted?		
What is your Plan B?		
How much money have you saved?		
Have you contacted Legal Aid?		
Do you need any other resources?		
Concerns or Comments		

Are you currently adhering to Promise House and Impact Station rules and expectations?

	Completing assigned chores without enforcements or reminders
	Participating in case management, completing tasks, and submitting proper documentation when asked?

Comments:



## Wings – Support and Recovery

729 S. Walnut Street, Marysville, Ohio 43040

Telephone: 937-642-9555 Fax: 937-738-7326

[www.wingsenrichment.org](http://www.wingsenrichment.org)

### Wings Services Referral Form

Referral Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Referring Agency or Court: \_\_\_\_\_

Reason For

Referral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Services Referred For:


Parent Peer Support Services: \_\_\_\_\_

Peer Recovery Support Services: \_\_\_\_\_

Benefits Coordination Services: \_\_\_\_\_

Vocational/Employment Services: \_\_\_\_\_

This program partially funded by:

 *mental health & recovery board*  
of Union County

United Way  
of Union County

LIVE UNITED

