

Date of Intake

Case Manager

Household Name and ID#



## Tri-Lakes Cares Intake and Assessment

**Primary Contact:**

First Name		Last Name	
Date of Birth (MM/DD/YYYY)	Race	Gender	
Phone #		Email	
Physical Address			

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COVID-19 Impact Survey

*Tri-Lakes Cares uses a variety of funding sources to meet the needs of our client community, including funding specifically related to the impact of the COVID-19 Pandemic. Your answers to this survey will not impact your eligibility for services but may be used to assist in the allocation of funds or for reporting purposes.*

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

1. Has your household been impacted by COVID-19?

- Yes
- No
- Prefer Not to Answer

2. If yes, how? Check all that apply.

- Laid off/furloughed
- Reduction of hours at work
- Got sick with COVID-19
- Needed to care for family member(s) sick with COVID-19
- Took unpaid leave due to work or daycare closure
- Classified as a vulnerable population, need to stay home/limit potential exposure to COVID-19
- Other \_\_\_\_\_

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### Tri-Lakes Cares Eligibility Documents

Tri-Lakes Cares (TLC) requires all clients to provide certain documents to complete the intake and determine eligibility for service. Individuals/families who are using food services today, but do not anticipate using services ongoing through Tri-Lakes Cares, need to provide Picture IDs for all adults in the household (anyone 18 or over). These individuals/families will have a client profile created in the TLC EmpowOR system for purposes of tracking resources that are provided by the agency. **Should circumstances change resulting in the individual/family returning for additional services, the client will be asked to provide additional documents and/or additional intake documentation.**

Please check all that apply:

- Client has provided IDs for all adult household members (anyone 18 and over)
- Client household includes student(s) who attend a D-38 school in the Tri-Lakes area
- Client household receives Free and Reduced Lunch
- Client does not intend to receive services on an ongoing basis from Tri-Lakes Cares

Client Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
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## Tri-Lakes Cares Release of Information (ROI)

### Authorization for Release of Information

Name of Applicant: \_\_\_\_\_

All information and records received shall be kept confidential with the agency and its partner organizations.

### What information do we collect?

Information collected may consist of the following PPI (Protected Personal Information):

- Identifying Information (Name, birth date, gender, race, social security number, residential information, phone number, photograph likeness, etc., and the same for each household member)
- Financial information (employment status, income verification, public assistance payments and allowances, food stamps allotments, etc.)

### How will my information be used?

The statistics we get from data collection allow us to provide the most effective services, track program success, and advocate for our clients. The information we collect also allows us to meet our legal requirements to state and federal agencies, as well as fulfilling our accountability obligations to our funders. Meeting this obligation does not determine eligibility for services.

### What information is shared and why?

Aggregate de-identified statistics (this means group statistics where the names are not shown) will be shared to produce regional or funder reports. We also share basic identifying and limited financial information about clients and households to avoid duplication of records between agencies. This expedites and coordinates services, so that you may avoid being screened and telling your story over and over again.

### Mandated Reporting

The Case Managers and staff at Tri-Lakes Cares are mandatory reporters in the State of Colorado, and required to make a report if it is believed a person is at risk of harming his or herself or someone else. Confidential information may be provided to the appropriate agency (such as local law enforcement or the Department of Human Services) if information is shared suggesting someone is in danger.

\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
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**By signing this form, I understand that:**

- Giving my information does not guarantee that I will receive assistance.
- Information is shared for the purpose of better coordination of services and so that this agency and its partners can meet their funder reporting requirements.
- Authorized staff using the database information to write reports may see my information.
- My private information will never appear in research reports; any researchers requesting access to information must sign an agreement to protect my privacy before seeing data.
- I understand the receipt of services is based on agency policy and the requirements of certain funding agencies.
- I understand that this written consent allows Tri-Lakes Cares to collect (in writing or direct input), enter, see, and update information about my family and myself in the EmpowOR system.
- I understand that Tri-Lakes Cares and the EmpowOR system administrators will never give information that can be used to tell who I am to anyone outside the agency without my written consent or as required through court order.
- I understand the confidentiality of my records is protected by law.
- I understand that Case Managers and staff are mandatory reporters in the State of Colorado and are required to report any statements indicating someone is at risk of, or threatening to, self-harm or harm another person, to the appropriate authority (such as local law enforcement or the Department of Human Services).

I release these persons, agencies, or institutions from any and all liability which may result from providing such information as it pertains to me or members of my household.

This consent is given only in connection with its use for programs at this agency and coordination with partner agencies and for no other purposes.

**Please sign that you have read and understand this information:**

Client Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_