

Date of Intake

Case Manager

Household Name and ID#



Tri-Lakes Cares Intake and Assessment

Primary Contact:

First Name	Middle Name	Last Name
Suffix	Last 4 of SSN XXX-XX-	Date of Birth (MM/DD/YYYY)
Gender	Race	Ethnicity
Are you disabled?	Health Insurance	Language(s)
Marital Status Divorced Married Single Partnership Separated Widowed	Employment Status Employed Part-Time Employed Full-Time Not in Labor Force Unemployed School/Job Training Self-Employed Other	Veteran Status Active Duty Veteran Not Veteran Retired Declined to Answer
Highest Completed Education	Phone #	Email
Physical Address		
Mailing Address		
Income (Employer, Amount, Frequency)		
Additional Income (Child Support, SNAP, etc.)		

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Additional Household Members:

First Name	Middle Name	Last Name
Last 4 of SSN XXX-XX-	Date of Birth (MM/DD/YYYY)	Gender
Race	Ethnicity	Is this person disabled?
Health Insurance	Language(s)	Highest Education
Marital Status Divorced Married Single Partnership Separated Widowed	Employment Status Employed Part-Time Employed Full-Time Not in Labor Force Unemployed School/Job Training Self-Employed Other	Veteran Status Active Duty Veteran Not Veteran Retired Declined to Answer
Phone #	Email	Relationship to Primary
Income (Employer, Amount, Frequency)		
Additional Income (Child Support, SNAP, etc.)		

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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 New Client Questionnaire

In the last 12 months, were there times when the food for you and your family just did not last and there was no money to buy more? YES NO

In the last 12 months, were there times when it was not possible to choose a healthy meal because there was not enough money? YES NO NA

Approximately how much does it cost to keep you/your family housed each month (rent/mortgage or other arranged payment)? _____

Do you share the expense with someone who is not part of your household? YES NO

Is there anything else you want to discuss with a Case Manager today?

Medical issues/bills

Transportation

Utility or housing expenses

Youth Supports (School supplies, literacy, health needs, etc.)

Employment

Senior Needs (age 60+)

Mental Health needs

General information about Tri-Lakes Cares

Access to disability resources

Other _____

Budgeting

What areas in your life are going well right now?

My job

My mental health

Parenting

Budgeting

Family/Social relationships

Hobbies/Interests

Transportation

Other _____

My physical health

In the next 6-12 months, what areas in your life are you hoping will get easier to manage?

My job

My mental health

Family/Social Relationships

Budgeting

Transportation

Food costs

My physical health

Other _____

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Tri-Lakes Cares Eligibility Document Checklist

Tri-Lakes Cares (TLC) requires all clients to provide the following documents to complete the intake and determine eligibility for service. TLC requires clients to provide updates once each year, and when the client has any major changes in the household such as a change in household composition or employment.

- Picture IDs for all adults (anyone 18 or over)
- Birth certificates or Social Security cards for children in the home, or student identification for youth in middle or high school in the home
- Proof of where the client lives – this can be a current lease, utility bill, or same month mortgage statement
- Current pay stubs if the client is employed (2 months, consecutive)
- Proof of non-work income such as Social Security award letters, pension letters, child support or unemployment insurance
- If the client is not employed and/or has no income, a Zero Income Affidavit needs to be completed with the assigned case manager
- Bank statements from the 2 most recent months
- Verification of award/denial of public assistance such as SNAP (Food Stamps), Medicaid, TANF, or LEAP

Date requested: _____

Date due: _____

Date received: _____

Notes: _____

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.

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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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: _____

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Tri-Lakes Cares Residency Declaration

Tri-Lakes Cares receives government grant funding through the Community Services Block Grant (CSBG) program. The regulations governing this program stipulate that CSBG funds may only be used to assist clients who are lawfully present in the United States.

You are eligible to receive services at Tri-Lakes Care regardless of your legal residency status, provided you meet TLC's other eligibility criteria and remain in good standing with the organization. However, Tri-Lakes Cares must know your legal residency status in order to properly allocate the assistance we provide you to the correct funding sources.

Please read this Declaration carefully. Please feel free to consult with an immigration lawyer or other expert of your choosing if you have questions or concerns.

I, _____, swear or affirm under penalty of perjury that **(check one)**:

- I am a United States citizen, or
- I am a non-citizen national of the United States, or
- I have an immigration status that makes me a "qualified alien," or
- None of the above three options reflect my immigration or citizenship status.

I hereby agree to provide any documentation which may be required pursuant to Federal law, Interim Guidelines published by the United States Department of Justice (62 FR 61344) or, if applicable, Colorado laws and regulations, if the Colorado laws are not consistent with Federal law.

I acknowledge that making a false, fictitious, or fraudulent statement or representation in this Declaration is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statutes § 18-8-503 and shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Client Signature: _____

Print Name: _____ Date: _____

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Tri-Lakes Cares Policies and Procedures

General Information and Policies:

- Tri-Lakes Cares aims to improve people’s lives through emergency, self-sufficiency, and relief programs.
- TLC’s volunteers are important supports for staff and clients. Please be courteous and respectful towards them. If you have questions or concerns regarding interactions with volunteers, please see a Case Manager or the Director of Operations.
- Clients exhibiting escalated behavior or who appear to be under the influence may be asked to leave the facility. Please know that we will be happy to serve those clients on another day when these concerns are alleviated. If you feel you cannot alleviate these concerns on your own, you may speak with a case manager regarding available referrals or resources.

Help Yourself Market (HYM) Shopping Guidelines:

- Only 1 person per household may shop in order to reduce crowding; a play area is provided for children.
- For health and safety reasons, please do not consume any food in the HYM.
- Bring your own bags for shopping.
- Everyone will be provided a service card once enrolled. Shoppers are expected to present a service card to the volunteer(s) at the HYM in order to shop.
- Go through the market in a timely manner. Feel free to read food labels, but please let other customers go ahead of you.
- Be courteous and respectful of others in the HYM. Everyone deserves to shop in a safe, friendly environment.
- Shoppers agree to use food resources for their own or their family’s consumption, and agree not to barter with or sell any food from the HYM.
- Please shop for what you and your family can eat in 2-3 days. We feed over 100 people a day through our HYM.
- Shoppers can visit the HYM every Monday and every Thursday. If you need more food, feel free to visit us at 7:45 PM on Monday and Thursday when you may take as much perishable food as you would like. You can also ask your Case Manager for eligibility information or to receive Supplemental Groceries, a food program that offers additional food and toiletries to qualifying clients.

Please sign that you have read and understand this information:

Client Signature: _____

Print Name: _____ Date: _____

Staff Signature: _____ Date: _____