



Client Intake/Outcome Form

Please Fax to: 214-560-2516

CVM Client Agreement of Understanding

I understand that I have the temporary use of a Community Voice Mail phone number to use ONLY for the purposes and length of time agreed upon by me and the service provider who is giving me this number. I agree to contact the service provider to let him/her know my outcome, whether the voicemail service was helpful, and/or whether I no longer need the voicemail box. I understand that the information in this form will be kept confidential and used only to keep track of CVM services and/or to check CVM eligibility by service providers or funders who have agreed to confidentiality. I understand that periodically I may receive broadcast voice messages from my case manager, the CVM Program Manager and/or the CVM national office containing information about additional resources. If I give my email address, I understand that it may be used to notify me if/when I have messages and/or may be used to send me information about additional resources. I understand that the service provider will receive a regular printout on the usage of this voice mail box. This will assist CVM in evaluating the overall effectiveness of the program.

Client Signature: _____ Date: _____ Password _____

Date: _____ Voice Mail Box # Assigned to this Client _____ SPANISH PROMPTS? YES NO
 Participating Agency Name _____ Agency Contact Name _____
 Client's Reported First Name _____ Middle Initial _____ Last Name _____ Suffix (eg, Jr.) _____
 Client Email Address _____

CLIENT GOALS (circle all that apply)	OUTCOMES FOR CVM (circle all that apply)
CVM START DATE: _____	CVM EXIT DATE: _____
Goal: Employment Yes No	Outcome: Client Obtained Employment? Yes No Unknown
Goal: Housing Yes No	Outcome: Client Obtained Housing? Yes No Unknown
Goal: Income Related (e.g. applying for SSI) Yes No	Outcome: Increased Income? Yes No Unknown
Goal: Health Care Yes No	Exit Monthly Income → Exit Income \$ _____
Goal: Social Services Yes No	Outcome: Health Care Yes No Unknown
Outcome: Received Social Services? Yes No Unknown	
Please describe "other social services(s)": _____	
Goal: Other Reason(s) Yes No	Outcome: Achieved Other Outcomes? Yes No Unknown
Please describe "other reason(s)": _____	
Following Goal is for Domestic Violence Clients Only	
Goal: Safe Communications Yes No	Outcome: Had Safe Communications? Yes No Unknown
Exit Reason - If goal was not met (no outcome), what was the primary reason for ending usage/exit? (mark one)	
<input type="checkbox"/> Client abandoned voicemail box <input type="checkbox"/> Client left agency program or service area <input type="checkbox"/> Client reached maximum time limit <input type="checkbox"/> Box reassigned – no info/no outcome <input type="checkbox"/> Other reason: _____	
Exit Question: "How helpful was CVM in achieving the outcome(s)?"	
<input type="checkbox"/> Very helpful <input type="checkbox"/> Somewhat helpful <input type="checkbox"/> Not very helpful <input type="checkbox"/> Not at all helpful <input type="checkbox"/> No information/data available	

Age Range (mark one): <input type="checkbox"/> under 18 <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-44 <input type="checkbox"/> 45-59 <input type="checkbox"/> 60 and up <input type="checkbox"/> unknown	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	Other Characteristics/Situations: (mark ALL that apply) <input type="checkbox"/> Homeless <input type="checkbox"/> At Risk of Homelessness <input type="checkbox"/> Unemployed <input type="checkbox"/> Limited English Skills <input type="checkbox"/> Victim of Domestic Violence <input type="checkbox"/> Foster Care participant (recent) <input type="checkbox"/> Parolee/Prisoner Re-entry Program <input type="checkbox"/> In-housing – phone disconnected
Date of Birth _____	Intake Monthly Income \$ _____	Veteran Status? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnicity (mark one): <input type="checkbox"/> Non-Hispanic/Non Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Unknown	Income Sources (mark ALL that apply): <input type="checkbox"/> Earned Income <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Other Disability Income <input type="checkbox"/> TANF (or local equivalent) <input type="checkbox"/> General Assistance (or local equivalent) <input type="checkbox"/> Pension/Retirement Income <input type="checkbox"/> Child Support <input type="checkbox"/> Food Stamps <input type="checkbox"/> Other Source <input type="checkbox"/> No financial resources	Disabling Condition? <input type="checkbox"/> Yes <input type="checkbox"/> No Head of Household? <input type="checkbox"/> Yes <input type="checkbox"/> No # of Dependent Children _____ # of Dependent Adults _____
Race (mark ALL that apply): <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown		If Homeless (mark one): <input type="checkbox"/> Living in Emergency Shelter <input type="checkbox"/> Living on Streets <input type="checkbox"/> Living in Transitional Housing <input type="checkbox"/> Other